

**In the Matter Of:**

**UNITED STATES vs STATE OF GEORGIA**

1:16-CV-03088-ELR

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**JENNIFER HIBBARD**

*October 20, 2022*

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UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
United States of America, No.  
Plaintiff, 1:16-CV-03088-ELR  
vs.  
State of Georgia,  
Defendant.  
~~~~~

VIDEOTAPED DEPOSITION OF  
JENNIFER HIBBARD  
OCTOBER 20, 2022  
9:09 a.m.  
175 Gwinnett Drive, Suite 260  
Lawrenceville, Georgia

Marcella Daughtry, RPR, RMR  
Georgia License No. 6595-1471-3597-5424  
California CSR No. 14315

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Also Present:

Sandra LeVert (via Zoom)  
Chad Jones (in person)  
Brandon Brantley, videographer (in person)  
Falesha Robinson (in person)  
Dr. Robert Putnam (in person)

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1 THE VIDEOGRAPHER: This is the video  
2 deposition of Jennifer Hibbard being taken in the matter  
3 of USA versus the State of Georgia. Today's date is  
4 October 20th, 2022. The time on the record is 9:09 a.m.  
5 My name is Brandon Brantley. I am the videographer.

6 Counsel, please introduce yourselves for the  
7 record. After which, the witness will be sworn in by the  
8 court reporter.

9 MR. HOLKINS: Patrick Holkins for the United  
10 States.

11 MS. COHEN: Frances Cohen for the United  
12 States.

13 MR. PUTNAM: Robert Putnam, expert witness, for  
14 the Department of Justice.

15 MR. WOODRUM: I was going to let the State  
16 announce, but Daniel Woodrum for View Point Health.

17 MS. JOHNSON: Melanie Johnson for the State of  
18 Georgia.

19  
20 JENNIFER HIBBARD,  
21 called as a witness herein, having been first duly sworn  
22 by the shorthand reporter to speak the truth and nothing  
23 but the truth, was examined and testified as follows:

24 >>>

25 >>>

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EXAMINATION

BY MR. HOLKINS:

Q Good morning, Ms. Hibbard.

A Good morning.

Q I want to thank you all for hosting us today.  
We appreciate you making your space available.

For the record, could you spell your full name.

A Jennifer, J-e-n-n-i-f-e-r; Hibbard,  
H-i-b-b-a-r-d.

Q And what is your current title?

A CEO.

Q Of View Point Health?

A Yes, of View Point Health.

Q So before we dive into questions, I'd just like  
to run through some ground rules --

A Okay.

Q -- for today's deposition and explain how it's  
going to be structured.

As you can see, we are transcribing the  
deposition, both in writing and in video. For the  
clarity of the record, it would be helpful if you could  
let me finish my questions before you start your answers.  
Is that all right?

A Uh-huh.

Q And also, please answer with yes or no as



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1 opposed to shaking or nodding your head.

2 A Okay.

3 Q If at any point you don't understand a  
4 question, just let me know, and I'm happy to try again.

5 A Okay.

6 Q We are going to be taking breaks regularly, at  
7 least every 90 minutes, if not earlier. If you need to  
8 take a break -- and this goes to counsel and anyone else  
9 in the room. If a break is needed, just let me know and  
10 we will stop. What I would ask is, if there is a  
11 question pending, that you first answer the question  
12 before we go on a break. Is that all right?

13 A Yes.

14 Q Is there any reason you can think of that  
15 you -- for why you would not be able to answer my  
16 questions truthfully today?

17 A No.

18 Q Do you have any questions before we get  
19 started?

20 A No.

21 Q Okay. So the next thing I want to do is run  
22 through some acronyms that I may be using during the  
23 deposition just to make sure that we're on the same page.

24 A Okay.

25 Q That if I refer to "GaDOE", will you understand

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1 that to mean the Georgia Department of Education?

2 A Yes.

3 Q If I reference "GNETS," will you understand  
4 that to mean the Georgia Network for Educational and  
5 Therapeutic Support?

6 A Yes.

7 Q If I use the term "CSB," will you understand  
8 that to mean community service board?

9 A Yes.

10 Q And likewise, will you understand "DBHDD" to  
11 mean Georgia Department of Behavioral Health and  
12 Developmental Disabilities?

13 A Yes.

14 Q Will you understand "DCH" to mean the Georgia  
15 Department of Community Health?

16 A Yes.

17 Q Do you understand "LEA" means local education  
18 authority?

19 A Yes.

20 Q "RESA" means Regional Educational Service  
21 Agency?

22 A Yes.

23 Q There may be others, and as we come -- we go  
24 through, I will try to catch them.

25 Another one may be -- that would be good for us

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1 to get on the record now, is SAMHSA. Do you understand  
2 that means the Substance Abuse and Mental Health Service  
3 Administration?

4 A Yes.

5 Q So we are going to show our first exhibit, and  
6 this is going to be 510. If you give me a second, I will  
7 pull it up on the screen.

8 (Plaintiff's Exhibit 510 was marked for  
9 identification.)

10 Q BY MR. HOLKINS: I have just published what we  
11 are marking as Exhibit 510. Do you see that on your  
12 screen, Ms. Hibbard?

13 A Yes.

14 Q I will note for the record that this is a  
15 subpoena to testify at a deposition issued to you,  
16 Jennifer Hibbard, as the chief executive officer of View  
17 Point Health. The subpoena was issued for this date,  
18 which is 10/20/2022.

19 Ms. Hibbard, have you seen this document before  
20 today?

21 A Yes.

22 Q If you'd like to take a second to review it,  
23 you are welcome to. I will give you the control.

24 You should have control of the document. And  
25 in particular, I would be curious to see whether you have

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1 seen the list of topics that's attached to this subpoena.

2 A Yes.

3 Q And that starts on page 2.

4 A Yes.

5 Q Correct?

6 A Uh-huh.

7 Q Ms. Hibbard, I'd like to ask you just a couple  
8 of questions about your preparation for today's  
9 deposition. I want to clarify, though, in doing so, I'm  
10 not asking you to disclose any conversations -- the  
11 substance of any conversations you have had with counsel.

12 With that caveat, what did you do to prepare  
13 for your testimony today?

14 A I read through the list of topics, and I had a  
15 meeting with our attorney and a couple other of our  
16 executive team members, and we just discussed our  
17 understanding of the topics and kind of understood the  
18 procedures of today.

19 Q Which members of your executive staff did you  
20 meet with?

21 A The members included Chad Jones, our vice  
22 president of business development, and our chief  
23 financial officer Eric Naughton.

24 Q Did you meet --

25 A And --

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1 Q -- with --

2 A Sorry.

3 -- also Falesha Robinson, our corporate  
4 compliance officer.

5 Q Okay. Did you meet with anyone else in  
6 preparation for this deposition?

7 A No.

8 Q Did you talk with any State agency staff in  
9 preparation for this deposition?

10 A No.

11 Q Did you talk with counsel for the State of  
12 Georgia in this matter in preparing for this deposition?

13 A No.

14 Q Are you aware that the United States also  
15 served a subpoena for documents on View Point Health in  
16 connection with this matter?

17 A Yes.

18 Q Did you have any role in View Point's response  
19 to that subpoena for documents?

20 A I just delegated that to our records management  
21 department, and they supplied all of the documents, and I  
22 was aware that they submitted them in a timely fashion.

23 Q Did you review those documents before they were  
24 produced in response to the subpoena?

25 A No.

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1 Q Do you know if anyone on your executive team  
2 was responsible for reviewing the documents before they  
3 were produced?

4 A Falesha Robinson.

5 Q Your understanding -- do you understand that  
6 you are testifying on behalf of View Point Health?

7 A Yes.

8 Q And you believe that you have personal  
9 knowledge for each of the topics identified on this  
10 notice?

11 A Yes.

12 Q So I'm going to set aside this document for  
13 now.

14 Ms. Hibbard, could you explain to me broadly  
15 what a community service board is in the state of  
16 Georgia?

17 A Yes. The community service boards were  
18 established by law in 1994 by House Bill 100 to become  
19 the public authority and state safety net of care for  
20 individuals with behavioral health and developmental  
21 disabilities.

22 Q Did View Point, as an organization, exist prior  
23 to 1994?

24 A So View Point's name prior to becoming View  
25 Point was Gwinnett Rockdale Newton Community Service

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1 Board, and that was established in 1994. Prior to that,  
2 the services and some of the employees were a part of an  
3 entity that was not defined as a community service board  
4 but was still a mental health program. I believe it was  
5 part of Public Health, but that is my understanding.

6 Q And to whom do you report in your role as chief  
7 executive officer for View Point Health?

8 A As a CEO of a community service board, I report  
9 to our board of directors, which are appointed by the  
10 county commissioners of the catchment area that we serve.

11 Q And that catchment area includes Rockdale,  
12 Gwinnett, and Newton counties, correct?

13 A Yes.

14 Q And who appoints those commissioners?

15 A The -- so the board members are appointed by  
16 the county commissioners, and the county commissioners  
17 are elected officials for those counties.

18 Q Okay. How would you describe the relationship  
19 between CSBs like View Point and the State?

20 A Could you clarify what you mean by "the State"?

21 Q I'm specifically thinking of State agencies  
22 like the Georgia Department of Behavioral Health and  
23 Developmental Disabilities.

24 A Okay.

25 Q And the Georgia Department of Community Health,

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1 can you describe the nature of your relationship between  
2 the CSB and those entities?

3 A Yes. So the community service boards have a  
4 relationship with the Department of Behavioral Health and  
5 Developmental Disabilities as our primary funder for  
6 individuals who are uninsured. So we receive State  
7 contracts that enable us to serve individuals and bill  
8 for services through the Department of Behavioral Health  
9 and Developmental Disabilities, and those -- it's a --  
10 it's a relationship that is a funder but also kind of an  
11 oversight. They also provide regulatory measures. We  
12 have to be accountable to key performance indicators, and  
13 so we report that information as well.

14 Q Does the -- do the agencies identified -- DBHDD  
15 and DCH -- have any day-to-day operational responsibility  
16 for View Point's programs?

17 A I wouldn't say day-to-day operational. There  
18 are staff at the Department of Behavioral Health that  
19 have frequent contact with our team members if trying to  
20 help somebody gain access to care or to make sure that we  
21 are meeting the needs of the communities but also  
22 following all of our regulations and guidelines.

23 Q Would you say that you report to anyone at  
24 DBHDD?

25 A No. I report to the board of directors.



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1 Q Is DBHDD, do they have any oversight  
2 responsibility for View Point Health's overarching  
3 finances?

4 A We report our monthly board -- so we -- we --  
5 our board meets eight times a year, and we review our  
6 financials with our board of directors, and at the end of  
7 that board meeting, we submit those financial reports to  
8 the Department of Behavioral Health. So they -- they are  
9 aware of our financials on an ongoing basis in a month.

10 Q And is that just for purposes of informing  
11 them, or how do they use that information in your  
12 experience?

13 A It's been my experience that they use that  
14 information to monitor the health of the community  
15 service boards and a safety net as a state, and to  
16 measure us and -- and hold us accountable for being good  
17 fiscal servants of the funds.

18 Q Have -- in your experience, if there are issues  
19 with the fiscal health of the CSB, what -- what measures  
20 can the State through DBHDD or DCH take?

21 A It's my understanding that DBHDD can contract  
22 directly with a community service board. We are an  
23 instrumentality of the State, and in the worst-case  
24 scenario, the Department of Behavioral Health can assume  
25 responsibility for a community service board.

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1 Q Has that happened, to your knowledge?

2 A Yes. This happened a few years ago with a  
3 community service board in South Georgia.

4 Q Which CSB was that?

5 A That was Gateway Community Service Board.

6 Q And is that still being operated or run by the  
7 State?

8 A To my understanding, it is.

9 Q You've mentioned a regulatory function that  
10 DBHDD performs with respect to the CSBs broadly and View  
11 Point specifically. Could you talk a little bit more  
12 about what that entails.

13 A So the Department of Behavioral Health and  
14 Developmental Disabilities has a third party. It's  
15 called an administrative services organization or ASO,  
16 and they outsource that to a company called Beacon Health  
17 Options. And they provide oversight, and they serve as  
18 the administrative services organization.

19 So when we submit authorization for services  
20 for an individual, the ASO reviews that authorization and  
21 approves it, and then we submit all of our billing and  
22 claims through that ASO. And then they also come out on  
23 a -- at least an annual basis to -- to review. They call  
24 it a review. It's similar to an audit, but to review our  
25 services to make sure that we are complying with the

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1 service guidelines and billing and documenting  
2 accordingly.

3 Q Is Beacon performing that audit?

4 A Yes.

5 Q So I want to talk about those two functions  
6 separately. The first is reviewing, I believe, claims  
7 that are submitted for services that have been provided.  
8 Is that specifically for the uninsured population, or is  
9 that for all beneficiaries or all clients that View Point  
10 has?

11 A It's specifically for the uninsured population.  
12 The Department of Community Health oversees all of  
13 Medicaid, and I believe there is separate audits that  
14 happen through Medicaid that has happened before. And  
15 I -- I want to get clarification. Is it okay if I ask  
16 Falesha if Beacon also does Medicaid charts? Or there --

17 Q Yeah, so --

18 A It might get caught up in there together.

19 Q Right. And so I think if there are gaps in  
20 your testimony, I think it's best that we identify that  
21 off record.

22 A Okay.

23 Q And then we have Falesha --

24 A Okay.

25 Q -- take the witness chair after a break.

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1 A Okay.

2 Q But don't worry about that. We can fix that  
3 later.

4 A Okay. Yeah, I just am not 100 percent sure if  
5 Beacon does the uninsured and Medicaid, because the  
6 authorization process is similar for us.

7 Q Understood.

8 Could you describe what the audit or review  
9 that you mentioned entails as performed by Beacon?

10 A They are typically either on-site or via  
11 virtual sometimes now. They ask for a certain number of  
12 records that they draw from that they select. They --  
13 they tell us that morning of the clients that they want  
14 to review, and we make those records available to them.

15 They also review employee records to make sure  
16 that the individuals that are providing the services have  
17 the appropriate credentials and have documented according  
18 to the guidelines.

19 Q Are you aware of a specific set of criteria  
20 that's being used by Beacon, the administrative services  
21 organization, for that review of client case files?

22 A Yes. There is the published Provider Manual  
23 that is published by the Department of Behavioral Health  
24 and Developmental Disabilities, and that Provider Manual  
25 consists of service guidelines for each service, and our

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1 documentation and billing has to be in accordance with  
2 the Provider Manual.

3 Q So is it your expectation that one -- perhaps  
4 one of the purposes of this audit would be to determine  
5 whether services are being provided consistent with  
6 DBHDD's Provider Manual?

7 A Yes.

8 Q If there are problems that are identified  
9 during these audits, how do you become aware of them?

10 A They -- they talk to us throughout the audit.  
11 They talk to our team members. Our department of quality  
12 assurance works closely with auditors while they are  
13 conducting the audit to answer any questions or help them  
14 find -- if they've got a -- trying to find a particular  
15 document in a record, then we can assist with that.

16 And then we have an exit interview where they  
17 go over at a high level their findings and  
18 recommendations, and then we also receive a written  
19 report of all of the findings and recommendations.

20 Q Are the results of those audits made available  
21 publicly? Are they published anywhere?

22 A Yes. They are published on the DBHDD Web site,  
23 and you can receive those audits.

24 Q And that's for each CSB?

25 A Yes.

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1 Q Has View Point had any plans of action or plans  
2 for correction issued in connection with audits by Beacon  
3 Health in the last two years?

4 A Yes.

5 Q Can you describe what those were?

6 A Not in detail, but I think in general our  
7 audits have -- we have received some minor corrective  
8 actions that we've acted on to make those improvements.  
9 We take those -- that information as very helpful because  
10 we know that there is always room for improvement, and so  
11 when we -- when we do receive the recommendations, then  
12 we put those into place.

13 Q Can you recall if any of those plans of action  
14 or correction were in the realm of child and adolescent  
15 mental health services?

16 A I can't recall specifically. I would assume  
17 that more than likely because of the volume of services  
18 that we serve for kids and adults that there might have  
19 been recommendations there.

20 Q Is anyone from the State's DBHDD involved in  
21 these audits by Beacon?

22 A No, not during the audit, but they do receive  
23 the information.

24 Q And it's -- I believe you testified it's your  
25 understanding that's -- a similar review function is

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1 performed by DCH or potentially the care management  
2 organizations for Medicaid reimbursable claims; is that  
3 right?

4 A Yes. It's not as consistent as the -- the  
5 process that happens with Beacon Health Options, but  
6 there have been times when records have been requested  
7 and we've submitted that and there's been a review, but  
8 it's -- it doesn't seem like it's as on a schedule.

9 Q And just to make this concrete, does the Beacon  
10 ASO audit occur annually?

11 A At least annually.

12 Q And does the DCH Medicaid audit occur annually?

13 A Not that I am aware of, unless Beacon Health is  
14 also auditing some of the Medicaid charts. I just --

15 Q Understood. Yeah.

16 A I'm not 100 percent sure on that.

17 Q And we will clarify.

18 You would expect, though, to see any reports  
19 generated from DCH for Medicaid audits, correct?

20 A Correct.

21 Q When is the last time you saw one of those  
22 reports?

23 A I cannot recall the last time we had a Medicaid  
24 audit. I just -- I just can't recall that.

25 Q Okay. I'd like to show you another exhibit,

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1 and this will be 511. Give me one second and I will pull  
2 it up.

3 (Plaintiff's Exhibit 511 was marked for  
4 identification.)

5 Q BY MR. HOLKINS: You should see a document on  
6 your screen that reads, "View Point Health Overview,  
7 Reports and Tracking Materials Related to the Strategic  
8 Plan for the Past 3 Years," and the Bates number on this  
9 is VPH000003.

10 This appears to be a collection of annual  
11 reports generated by View Point Health. I will give you  
12 a moment to scroll through the document. There is no  
13 need to read it page for page but just to kind of  
14 familiarize yourself with what's in it generally. I will  
15 give you control of it. Give me one second.

16 MS. COHEN: Patrick, I know we are not tagging,  
17 but how are we going to -- we're gonna assign it Exhibit  
18 No. 511?

19 MR. HOLKINS: Uh-huh.

20 MS. COHEN: And then do we tag it at all or?

21 MR. HOLKINS: I think we will do that on the  
22 back end.

23 MS. COHEN: Okay.

24 THE WITNESS: Yes.

25 Q BY MR. HOLKINS: I'm going to take control of



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1 the document back. Oh, excuse me. Wrong button.

2 So I want to show you the annual report for FY  
3 '21.

4 A Okay.

5 Q I believe that this is a compilation of three  
6 annual reports for FY '19, FY '20, and FY '21. Is that  
7 correct?

8 A Yes.

9 Q Just give me one second.

10 So I am now at page 91 of the PDF. Is this the  
11 annual report for View Point for FY '21?

12 A Yes.

13 Q Okay. Who drafts the annual reports for View  
14 Point Health?

15 A It's a compilation of team members; our  
16 director of marketing and fundraising, Debbie Varnes; and  
17 our executive assistant, Jennifer Robertson.

18 Q Do you have any role in reviewing this document  
19 before it's published?

20 A At a very high level.

21 Q Okay. So I'm scrolling now to the next page,  
22 which is page 92, and this shows the executive team for  
23 View Point Health, correct?

24 A Yes.

25 Q Are there any changes to this executive team

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1 from this report?

2 A Can you scroll down some more. Scroll back up  
3 to -- so the -- there's just a couple of -- it looks like  
4 a couple of typos here. Chad Jones is the vice president  
5 of business development.

6 Q Uh-huh.

7 A And Dr. Jennifer Speights is the vice president  
8 of operations.

9 Q Okay. Thank you.

10 Any other changes?

11 A Let me just check Falesha's title.

12 No, I don't see any other changes.

13 Q Okay. Thank you.

14 And this is the mission of View Point Health,  
15 "To promote overall health and improve quality of life by  
16 ensuring the delivery of effective behavioral and  
17 physical health care that meets the needs of communities  
18 we serve," correct?

19 A Correct.

20 Q Has that been the mission of View Point Health  
21 as long as you have been CEO?

22 A Yes.

23 Q I am now showing you page 94 of the document  
24 which lists the board of directors for FY '21. I'm going  
25 to just zoom out a little bit so it's easier for you to

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1 read this. I will actually give you control of the  
2 document so you can scroll through yourself. You have  
3 control. My question for you is whether or not this list  
4 is current.

5 A No, there has been some changes.

6 Q What are those changes?

7 A So our board chair, Bernie Marinelli, retired,  
8 and Lynette Howard moved out of our catchment area and  
9 left the board. Keith Ellis is our current board chair.  
10 Just recently Louise Radloff was not reappointed by the  
11 Gwinnett County Commissioners and a new board member was  
12 appointed, and he is not pictured here.

13 Q Did the board members appointed by the  
14 Commission serve set terms?

15 A Yes.

16 Q How long are those terms?

17 A The terms, I believe, are -- I should know  
18 this. I believe they are three-year terms, but can --  
19 there is not a limit to how many terms they can serve.

20 Q And what broadly is the role of the board of  
21 directors for View Point Health?

22 A They serve as a governing board, and they --  
23 their primary goal is to select and hire a CEO. And then  
24 they also set some board governance policy that is very  
25 high level. They are not involved in day-to-day

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1 operations.

2 Q I just want to acknowledge that the list of  
3 board of the -- board of directors continues on to page  
4 95; is that correct?

5 A Yes.

6 Q So I want to now show you page 100 of the  
7 annual report for FY '21, which is a -- it contains a  
8 chart showing funding sources for View Point's  
9 organization, correct?

10 A Yes.

11 Q And that chart shows that 48 percent of overall  
12 funding for View Point Health comes from state and  
13 federal sources, correct?

14 A Yes.

15 Q And 30 percent comes from Medicaid?

16 A Yes.

17 Q Is that historically about the -- is that  
18 consistent with previous years?

19 A Yes.

20 Q Has View Point Health taken any steps to  
21 increase Medicaid billing?

22 A So our -- our strategy has been to diversify  
23 our fund sources as much as possible. This is something  
24 that we are trying to do with -- with not just Medicaid  
25 but other fund sources as well. We -- we have very

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1 little private insurance, and we're not really trying to  
2 grow the private insurance portion because we do serve as  
3 a state safety net.

4 As far as expanding Medicaid, we do have team  
5 members who try to help assist individuals who might be  
6 eligible for Medicaid. As care -- as case managers, we  
7 try to help them through that process if they are  
8 eligible for Medicaid.

9 Q Uh-huh. Is there any evaluation, to your  
10 knowledge, even within View Point or by an external  
11 entity like the Beacon ASO, any analysis of whether View  
12 Point is maximizing Medicaid billing for individuals who  
13 are already enrolled in Medicaid?

14 A To my knowledge, we are not trying to maximize.  
15 We try to just provide services that are clinically  
16 relevant to the individuals based on a person-centered  
17 care evaluation and treatment plan.

18 Q And do you know what the breakdown is for state  
19 and federal funds between state and federal?

20 A I do not.

21 Q Give me one second.

22 So I want to show you a slide from the FY '20  
23 annual report. This is page 58. This shows that 65  
24 percent of the revenue for View Point Health was from  
25 DBHDD contracts. Do you see that?

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1 A Uh-huh.

2 Q And that 18 percent of the revenue was for  
3 Medicaid, correct?

4 A Correct.

5 Q Do you think it's also true that most of the  
6 state and federal source money in FY '21 came through  
7 DBHDD contracts?

8 A Yes.

9 Q And Medicaid revenue has grown from FY '20 to  
10 FY '21, correct?

11 A Correct.

12 Q Do you know why?

13 A FY '20 was the year that COVID hit, and we had  
14 a massive drop-off in our last quarter of billing, so  
15 that's my interpretation of the dip there for that  
16 particular year. That has been an outlier year for us  
17 when we look back over our financials.

18 Q Is DBHDD seeking to encourage CSBs like View  
19 Point Health to migrate away from reliance on DBHDD  
20 contracts and state-sourced funding toward either  
21 Medicaid revenue or other third-party revenue?

22 A I couldn't -- I couldn't answer that real  
23 clearly. It's -- we have -- DBHDD contracts with the  
24 CSBs to provide services to the uninsured, so that's  
25 really their role. If -- if individuals -- some of our

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1 contracts with DBHDD do not fully fund that particular  
2 service, and so it's essential for -- for View Point  
3 Health to also bill Medicaid for the services for the  
4 clients that are eligible for Medicaid in order to make  
5 those programs sustainable.

6 Q And do you know what percentage of View Point's  
7 current child and adolescent clients are enrolled in  
8 Medicaid?

9 A I don't have that number off the top of my  
10 head, but I would -- in Georgia, Medicaid is pretty  
11 readily available for children, so it's -- I would -- I  
12 would assume that that would be a pretty high percentage.

13 Q Just give me one second.

14 Okay. We can set this one aside for now.

15 I should ask, is there an annual report for --  
16 a more recent annual report since the FY '21?

17 A No. We are a little behind.

18 Q Okay. In your work as CEO for View Point  
19 Health, are you coordinating with your counterparts at  
20 other community service boards in Georgia?

21 A Yes.

22 Q About what?

23 A We meet as an association on a regular basis,  
24 and we have a strategic plan that the Georgia Association  
25 of Community Service Boards puts together, and that

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1 association consists of the CEOs of the organizations,  
2 and our board members are encouraged to participate as  
3 well.

4 Q And so this is a statewide strategic plan  
5 that's produced by the -- the Association for Community  
6 Service Boards in Georgia?

7 A Yes. It's a trade association.

8 Q Okay. And what would you say is the role of  
9 that association?

10 A It is to advocate for community service boards  
11 and the individuals that we serve.

12 Q Do you have any other regular coordination with  
13 your counterparts at other CSBs outside of this  
14 association?

15 A There are committees through that association  
16 that's established by the strategic plan that we  
17 participate on on a regular basis.

18 Q Are you -- do you sit on any of those  
19 committees?

20 A I am the vice chair of the Clinical Operations  
21 Committee and the vice chair for the Intellectual and  
22 Developmental Disabilities Operations Committee.

23 Q And what does the Clinical Operations Committee  
24 do?

25 A The clinical directors of the community service



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1 boards all serve on that -- on that committee, and we  
2 have meetings that are sometimes monthly, but if there is  
3 not an agenda item or conflicts, then those get canceled.  
4 But the -- that agenda usually consists of reviewing any  
5 sort of -- any sort of audit like the Beacon Health  
6 Options, audit trends, or concerns that are -- you know,  
7 that are coming up so that we can make processes for  
8 improvement.

9 They also include providing support to one  
10 another as -- as far as, are we having struggles with  
11 workforce? Then what are some of the techniques that you  
12 try to attract workforce? It's very much a peer support  
13 type of committee.

14 Q Are there any representatives from State  
15 agencies that sit on the Clinical Operations Committee?

16 A No.

17 Q Exclusively community service board --

18 A Yes.

19 Q -- staff?

20 Are there specific trends that have been  
21 identified with respect to children and adolescent  
22 services in the last year through this community?

23 A Not that come to mind.

24 Q Are there any documents publicly available with  
25 respect to recommendations by or work by this particular

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1 committee?

2 A The -- we do keep an agenda in minutes, and  
3 those are published on the Web site for the Georgia  
4 Association of Community Service Boards.

5 Q Thank you.

6 So I'd like to show you another document. Give  
7 me one second. This will be 512.

8 (Plaintiff's Exhibit 512 was marked for  
9 identification.)

10 Q BY MR. HOLKINS: I have just published what we  
11 are marking as Exhibit 512. The cover for this document  
12 is "View Point Health Overview Strategic Plan," Bates  
13 stamped VPH000002. It's a 12-page document.

14 I will give you control so you can briefly  
15 familiarize yourself with it. Please let me know when  
16 you are finished.

17 A Okay.

18 Q So I believe this is the strategic plan for  
19 View Point Health for FY '20 to 2025, correct?

20 A Yes.

21 Q So this is the current strategic plan?

22 A Yes.

23 Q What is your role in developing this document?

24 A When we first developed it, we met as an  
25 executive team and a board of directors, and we had

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1 breakout sessions and reviewed our current plan and then  
2 made adjustments to our established plan. And then we  
3 periodically look at this. We try to treat this as a  
4 living, breathing document and make adjustments to it as  
5 we go along.

6 There -- it is contained in our board  
7 management software that we utilize here so that we can  
8 make adjustments and changes to it along the way.  
9 That -- and -- and so our executive team reviews it  
10 periodically. At least annually we take a look at this,  
11 but it's something that we try to -- to look at more  
12 frequently. But at the very least, we will spend a day  
13 or an afternoon as a team readjusting and -- and seeing  
14 how we are progressing towards it, keeping it updated.

15 Q That is a -- a task that the executive team at  
16 View Point Health is involved in?

17 A Yes.

18 Q So I note -- I'm on page 2 of the document.  
19 I'm looking at the very top. It says printed 8/20/22 --  
20 8/22/2022.

21 Is -- is it fair to say that this document is  
22 accurate as of that date?

23 A Yes.

24 Q This was probably generated through the system  
25 that you mentioned?

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1 A Yes.

2 Q And did you personally draft any of this text?

3 A I participated in the sessions where we as a  
4 team pulled this together. I did not type it.

5 Q Okay. So I want to scroll down to Performance  
6 Objective G which appears on page 4. That objective  
7 reads, "Continue to identify and train staff on  
8 evidence-based and promising practices."

9 Do you see that?

10 A Yes.

11 Q "Initiative 1 - Create a team that reviews best  
12 practices in the industry and outside that could be  
13 implemented by VPH by 7/1/2021."

14 Is -- has that team been created?

15 A We are in process of creating that team. We  
16 just recently established a training and professional  
17 development team that is really still getting this  
18 established. We had a lot of kind of work to do to get  
19 us prepared for that, so that is still in -- in process.

20 The yellow mark over there is -- is -- that  
21 indicates in process. It's not -- we are not ready to  
22 check that off as done yet.

23 Q Understood.

24 And then green means that it's done?

25 A Yes.

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1 Q And then red means that it's not started?

2 A Correct.

3 Q Okay. Has the team that is forming to lead  
4 Initiative 1 begun to identify specific best practices?

5 A Yes.

6 Q Are you able to identify what those best  
7 practices are?

8 A Some of the best practices that I can recall  
9 would be dialectical and behavioral therapy, DBT. That  
10 is a practice that we are working on building getting  
11 more people trained, getting more staff trained in that  
12 modality.

13 Other best practices that we use are  
14 trauma-informed care, as well as cognitive behavioral  
15 therapy.

16 Q And are those best practices that View Point  
17 Health was already training its staff on prior to  
18 creating this strategic plan, or are these new best  
19 practices that View Point Health is looking to integrate?

20 A We had already -- we had already utilized them,  
21 but I think this -- this strategic goal is -- or  
22 initiative is more about trying to grow and expand and  
23 have a more consistent approach to evidence-based  
24 practices.

25 Q To your knowledge, does -- do staff at DBHDD or

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1 DCH consult View Point Health with respect to best  
2 practices and promising practices specifically in the  
3 area of child and adolescent mental health?

4 A It's been my experience that DBHDD has offered  
5 consultation, as well as even during some of their  
6 training. Sometimes we get training that is available  
7 through the Department of Behavioral Health for promising  
8 their best practices.

9 Q Can you recall any specific trainings by DBHDD  
10 with respect to promising or evidence-based practices for  
11 child and adolescent health?

12 A Not off the top of my head.

13 Q Would you ordinarily participate in those  
14 trainings?

15 A No.

16 Q Who would within View Point?

17 A The clinicians that provide the services.

18 Q Are those required trainings for clinicians at  
19 View Point Health?

20 A Clinicians are required to maintain a certain  
21 number of clinical or continuing education trainings for  
22 their license, and so that is a requirement. We do it --  
23 we do offer or make available different opportunities for  
24 our clinicians to have time to seek all of those  
25 trainings, but in -- and sometimes a training would be

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1 mandated or required, but sometimes the clinicians have  
2 their option to seek training on their own as well.

3 Q Would those trainings be mandated or required  
4 by View Point Health or by DBHDD?

5 A It could be either.

6 Q Stepping back, what -- why does the subjective  
7 matter? What's the importance of offering evidence-based  
8 or promising practices?

9 A Because we aim to provide high-quality care to  
10 the individuals that we serve, and we believe clinically  
11 that offering evidence-based and promising practices is  
12 the best way to offer that sort of care, high-quality  
13 care.

14 Q Is it your experience that providing  
15 evidence-based services leads to better outcomes for  
16 children and adolescents with behavioral health  
17 conditions?

18 A Yes.

19 Q Is it your experience that delivering  
20 evidence-based services helps children with behavioral  
21 health conditions remain in their communities?

22 A Yes.

23 Q So Initiative 2, which I see has the green mark  
24 signaling that it's done, it says that VPH or View Point  
25 Health staff will be continually surveyed to identify

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1 training needs.

2 So that's -- that's occurred, correct?

3 A Yes. We did survey our staff to ask them their  
4 needs.

5 Q And what training -- additional training needs  
6 were identified through that survey specifically in the  
7 area of child and adolescent mental health?

8 A I can't recall that information.

9 Q Do you know who would be able to answer that  
10 question at View Point?

11 A I believe we would be able to find that out.

12 Q Okay.

13 A I would just need to go back and look at the  
14 survey results.

15 Q Initiative 5 references an annual training  
16 review. Can you explain what that is.

17 A So review and enhance our annual training  
18 review for existing staff and develop an electronic  
19 version of the annual training.

20 So we have -- through our human resources  
21 department there is a standardized annual training review  
22 for all employees to take, and we wanted to revise that  
23 process. It was a paper process. We had a -- a paper  
24 packet of information to review and then questions to  
25 answer, and we just wanted to develop that in a -- in a



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1 way that is electronic; that we could kind of use  
2 technology to track that in a better way and even  
3 potentially revise some of the questions to make sure  
4 that they are staying on topic and being current.

5 Q So I want to scroll to another section of the  
6 strategic plan. Give me one second.

7 So we are now under Strategic Goal III, which  
8 is, "Enhance the organization's infrastructure that  
9 supports our mission and the individuals we serve through  
10 efficient, effective and reliable facilities and  
11 systems."

12 I want to direct you specifically to  
13 Performance Objective B, which reads, "Improve  
14 functionality within Carelogic to include enhance  
15 real-time data and reporting, efficiency of  
16 documentation, streamlining workflows, and overall user  
17 ease by end of 2022."

18 First off, what is Carelogic?

19 A Carelogic is our electronic health record, our  
20 medical record.

21 Q And is that just a View Point system or is that  
22 an electronic health record system used by other CSBs?

23 A It's used by other CSBs.

24 Q Is it statewide?

25 A No.

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1 Q Initiative 1 reads, "Utilize MTM/CB -- CCBHC  
2 gap analysis and readiness assessment to direct our focus  
3 and needs."

4 First off, are you familiar with the acronyms  
5 "MTM" and "CCBHC"?

6 A Yes.

7 Q What do they mean?

8 A MTM, I actually can't tell you what each letter  
9 means, but MTM Services is a consultant group that the  
10 Department of Behavioral Health and Developmental  
11 Disabilities hired to consult with the State,  
12 particularly the community service boards, to prepare for  
13 becoming CCBHC, which is Certified Community Behavioral  
14 Health Clinic.

15 Q Has View Point Health become a CCBHC?

16 A No.

17 Q Are you in the process?

18 A We just received a federal grant through SAMHSA  
19 to help plan for that, and we just received that. It  
20 started October 1st.

21 Q Well, congratulations.

22 A Thank you. We are very excited about that.

23 Q Do you know if other CSBs in Georgia have  
24 become CCBHCs or received grants from SAMHSA to receive  
25 that?

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1           A    Other CSBs have received grants from SAMHSA.  
2   They -- the Department of Behavioral Health has also  
3   issued some planning grants themselves to some CSBs. And  
4   as of my knowledge today, no one has actually become a  
5   Certified Community Behavioral Health Clinic. It's my  
6   understanding that DBHDD is the authority that would  
7   develop and implement that certification process, and  
8   that is under development at this time.

9           Q    And in your view as CEO of View Point, what are  
10   the benefits of becoming a CCBHC?

11          A    So as the CEO of View Point, I have been  
12   monitoring the CCBHC movement nationally since it began  
13   in 2015 and have been trying to align our practices and  
14   operations to be able to become a Certified Community  
15   Behavioral Health Clinic when that's available, and I  
16   believe that it will improve access to care for the  
17   individuals in need. And it also focuses heavily on  
18   integrated care, which is the integration of primary care  
19   and mental health treatment, and we believe that that  
20   integration is vital to the overall health and well-being  
21   of the individuals we serve.

22          Q    I want to ask you about this -- the gap  
23   analysis and readiness assessment that's referenced in  
24   Initiative 1.

25          A    Uh-huh.

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1 Q What is that?

2 A That was an analysis that the community service  
3 boards participated in with the guidance of MTM Services  
4 consultation.

5 Q And what was the point of the analysis?

6 A To measure our current operations with the  
7 certification standards for becoming a CCBHC and identify  
8 where we needed to make changes and improvements.

9 Q Did this include any analysis of service gaps  
10 in the catchment area that View Point serves?

11 A Yes.

12 Q Could you describe a little bit what the  
13 specific analysis revealed with respect to service gaps  
14 for View Point?

15 A This was a very comprehensive assessment, so  
16 I -- I couldn't give you very much detail, but I -- I do  
17 recall that one of the requirements, required services of  
18 a CCBHC, is medication-assisted treatment. And at the  
19 time of completing this initial assessment, View Point  
20 Health did not have a medication-assisted treatment  
21 program, and since then we are in the process of  
22 developing that. We did receive some funding for  
23 medication-assisted treatment, and we are very -- we are  
24 going through the process. We are waiting on a few of  
25 our licenses in order to be able to get that up and

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1 running.

2 Q Did -- is View Point adding any child and  
3 adolescent mental health services as a result of this  
4 gaps assessment?

5 A We offer a wide array of child and adolescent  
6 services. I don't recall a specific one that needed to  
7 be added for this purpose.

8 Q Just quickly, Initiative 5, "Establish  
9 real-time dashboards," what are you contemplating with  
10 this?

11 A So functionality in Carelogic was promising  
12 real-time dashboards in that electronic health record.  
13 That -- we have not been able to establish that yet.  
14 That is something that is -- that is being built in the  
15 electronic health record, and so our hope is that when a  
16 clinician opens up the electronic health record, that  
17 they will have a dashboard that is customized with  
18 information that is pertinent that they need.

19 Q For that client?

20 A Or for that clinician.

21 Q Okay.

22 A For their caseload.

23 Q So let's move to Performance Objective C, which  
24 reads, "Improve clients' accessibility to VPH services,  
25 appointments, scheduling by end of 2021."

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1 Initiative 1, it looks like this one is not  
2 quite underway. Is that accurate?

3 A Correct.

4 Q Okay. It reads, "Conduct a needs assessment of  
5 access."

6 Could you describe what is envisioned?

7 A I cannot. I -- I don't recall the discussion  
8 around this item.

9 Q Do you -- are there specific staff within View  
10 Point who are designated to have responsibility for each  
11 of the initiatives or performance objectives under this  
12 plan?

13 A We -- I don't -- I don't know if there is a  
14 list over here. If the way our document is set up, if it  
15 has person responsible on there, but this would -- this  
16 would be coming out of our quality assurance department.  
17 That's who oversees our electronic health record and our  
18 reporting and data.

19 Q And who leads the quality assurance department  
20 at View Point?

21 A Gillian Mitchell.

22 Q Are you aware of any efforts at View Point  
23 Health to conduct a needs assessment of access  
24 specifically to child and adolescent mental health  
25 services?

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1 A No. However, the -- the CCBHC grant requires a  
2 community needs assessment, and so we are in the very  
3 initial phases of beginning that, so --

4 Q And MTM, as I understand it, is a State  
5 contractor, correct?

6 A Yes.

7 Q Are you working directly with MTM?

8 A We have not started that process yet. They  
9 have been -- there were other grantees that were about a  
10 year ahead of us, so they have been working with MTM  
11 Services, so we have not started that process yet since  
12 we just received the grant this month.

13 MR. HOLKINS: So we are about an hour in. I  
14 suggest we take a brief break, ten minutes. If we can go  
15 off the record.

16 THE VIDEOGRAPHER: Off the record at 10:05 a.m.

17 (The deposition was at recess from 10:05 a.m.  
18 to 10:30 a.m.)

19 THE VIDEOGRAPHER: Back on the record at  
20 10:30 a.m.

21 Q BY MR. HOLKINS: Welcome back, Ms. Hibbard.

22 A Uh-huh.

23 Q I want to first circle back to some things we  
24 were talking about earlier in the morning. Were you able  
25 to get clarity as to whether Beacon is also doing a

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1 review of the Medicaid-funded services --

2 A Yes.

3 Q -- at View Point?

4 They are?

5 A Yes, they are.

6 Q Do you know whether DCH is separately  
7 performing any analysis of Medicaid-funded services  
8 provided by View Point?

9 A Not that I am aware of.

10 Q And so those at least annual audits that are  
11 performed by Beacon would include reviews of  
12 Medicaid-funded services --

13 A Yes.

14 Q -- provided by View Point?

15 A Yes.

16 Q You referenced the strategic objective for View  
17 Point of diversifying revenue sources. Why is View Point  
18 seeking to diversify revenue sources? Why does that  
19 matter?

20 A We feel that it's important to have multiple  
21 sources of revenue streams and payers that -- in order to  
22 be more sustainable. So we've sought out other option --  
23 or other avenues for -- for payers for certain services  
24 that -- that are available to us.

25 Q And what other avenues of payer sources are you



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1 pursuing?

2 A Would you like a couple of examples?

3 Q Yes, please.

4 A So, for example, there is a new program that we  
5 have implemented about a year or so ago that is a  
6 co-responder clinician that rides along with law  
7 enforcement, and that is the -- it's not sustainable to  
8 try to bill for services for that particular service for  
9 that clinician to be available to law enforcement, so the  
10 law enforcement partners are contracting with View Point  
11 Health for that -- for that clinician time. So that's  
12 another payer source. It's not a payer as such like an  
13 insurance payer, but it's -- it's just another contract  
14 that we have to provide that service.

15 Additionally, there is -- when the COVID-19  
16 pandemic hit, we did notice a large increase of  
17 individuals who were homeless and needed homeless  
18 services, and so we had pursued some contracts with the  
19 Department of Community Affairs to increase our ability  
20 to help individuals access housing.

21 Q Thank you.

22 So I want to now turn to the topic 4 in the  
23 list of topics that we shared with View Point through our  
24 subpoena and run through some of the organizations that  
25 are specifically identified and ask you about the

1 coordination that View Point has for each of those  
2 entities. And I'd like to start with the Georgia  
3 Department of Behavioral Health and Developmental  
4 Disabilities. Could you speak to the direct work that  
5 you do as CEO with View Point -- of View Point Health in  
6 coordinating with DBHDD.

7 A So primarily we receive contracts, State  
8 contracts through the Department of Behavioral Health,  
9 and it's my role to review and sign those contracts.

10 And then we also have opportunities to talk  
11 with various department heads. For instance, the  
12 Department of Behavioral Health is led by Monica Johnson,  
13 so if there is ever initiatives or concerns or we have  
14 open communication.

15 The same with the Department of Addictive  
16 Disease, which is led by Cassandra Price. We can -- we  
17 are -- have easy access to get support and guidance  
18 through -- through that.

19 Q What kind of problems would you bring to Monica  
20 Johnson's attention?

21 A If there is an access problem. If there is  
22 somebody who we are having difficulty place, that -- that  
23 is underresourced. That -- that sort of thing. She --  
24 she definitely helps with that or helps us connect with  
25 other team members who would be able to help.

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1 Q Do you discuss overall or overarching strategic  
2 initiatives for View Point Health with Monica Johnson?

3 A If -- if warranted. For instance, we have a  
4 gap in our service array. We do not have a 24/7 crisis  
5 service center as part of our service array, and we have  
6 communicated that gap to Monica to advocate for funding  
7 to add that to our service array. We also don't have a  
8 physical location that would be well-suited for that  
9 service, so there's -- that would just be one example.

10 Q And this is crisis stabilization services for  
11 children and adolescents in addition to adults, or just  
12 for one of those populations?

13 A This one in particular would be for adults, the  
14 crisis service center.

15 Q Is there a crisis service center for youth  
16 operated by View Point?

17 A So there is a crisis stabilization unit --

18 Q Okay.

19 A -- that is for youth operated by View Point  
20 Health.

21 Q Okay.

22 A And that is a physical location. We have one  
23 that serves adolescents and then one that serves children  
24 with autism, so two separate units.

25 Q How are those units funded?

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1 A They are funded through the Department of  
2 Behavioral Health and Developmental Disabilities.

3 Q Exclusively through a DBHDD grant?

4 A Through a contract, yes.

5 Q Through a contract.

6 And do you recall what the annual funding is  
7 that's allocated to View Point through those contracts?

8 A I could give you a rough ballpark, but not  
9 exactly without looking at it.

10 Q A ballpark would be great.

11 A So the adolescent unit I believe is somewhere  
12 around 3 million. I'm -- I really -- it's -- it's rough.  
13 And then less than 2 million for the autism unit.

14 Q To your knowledge, is View Point supplementing  
15 that funding through other external payer sources?

16 A From time to time we can get single case  
17 agreements with Medicaid through the care management  
18 entity -- sorry, for -- through the CMO, the care  
19 management organization --

20 Q Uh-huh.

21 A -- for individuals who have that -- who need  
22 that care and who have that payer source.

23 Q Is it fair to say that the bulk of the funds to  
24 support services provided by the CSUs for youth and  
25 adolescents comes from the DBHDD grant?

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1 A Yes.

2 Q Are there any other -- you referenced filling  
3 service gaps as one issue that you would raise with  
4 Monica Johnson. Are there other topics or problems that  
5 you would bring to her attention or have brought to her  
6 attention specifically in the realm of child and  
7 adolescent mental health?

8 A So not -- not anything that I can think of off  
9 the top of my head, but if there was -- if there was an  
10 issue with a child needing access to services and we were  
11 running into barriers, we could -- we could easily talk  
12 to her or somebody from her team.

13 Q Have you ever had discussions with Monica  
14 Johnson or any of her staff at DBHDD with respect to the  
15 GNETS program?

16 A There was communication from somebody from her  
17 staff regarding the GNETS program one time that I can  
18 recall. It was in the form of a memo.

19 Q What was that memo about?

20 A The memo stated that -- from my recollection,  
21 that the funding that we have for Apex, which was  
22 school-based services, should not be utilized in GNETS  
23 schools.

24 Q Do you recall if you received that memo from  
25 Danté McKay?

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1 A Yes.

2 Q And Danté McKay leads the Office of Young  
3 Adults Childrens. I think it's OCYF, correct?

4 A Yes.

5 Q Okay. Do you recall when that memo was sent,  
6 when you received it?

7 A A few years ago.

8 Q And to your knowledge, since then, have there  
9 been any changes to DBHDD's policy with respect to using  
10 Apex funds to support services in GNETS programs?

11 A Not that I'm aware of.

12 Q Before that memo was issued, was View Point  
13 relying on Apex funds to support services in the GNETS  
14 setting?

15 A No.

16 Q And why -- why is that the case, that View  
17 Point was not using Apex funds to support services in  
18 GNETS settings before that memo was issued?

19 A From my recollection, we had just started with  
20 our school-based services in our counties, and we were  
21 focusing on the primary public schools that are in our  
22 counties and getting those services up and going, and we  
23 had limited clinicians and services at that time, and we  
24 were just getting those established.

25 Q And at that time, was there any plan to expand

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1 Apex services into GNETS facilities at View Point?

2 A Not that I can recall specifically.

3 Q And what is your understanding of the reason  
4 stated in that memo from DBHDD for this exclusion?

5 A I would have to look back at the memo to see if  
6 it did include a reason, but I just remember that we were  
7 not to utilize those funds for GNETS.

8 Q And so sitting here today, do you have a -- an  
9 understanding separate from the memo of why DBHDD does  
10 not allow Apex funds to be used to support services in  
11 GNETS facilities?

12 A I think that it has to do with where the fund  
13 sources are coming from and -- and wanting to make sure  
14 that it's aligned with what the purpose of those funds  
15 were.

16 Q I'd like to now move to the Department of  
17 Community Health. Are you interacting on a regular basis  
18 with any staff at DCH?

19 A Not on a -- not on a very regular basis. I  
20 know that we have to -- our team has to work through our  
21 provider application when we want to open a new site. If  
22 we are going to open a new site or if we are going to  
23 have a new Medicaid number, for instance, the  
24 medication-assisted treatment team that I rec- -- or that  
25 I mentioned earlier that we are establishing, we have to

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1 go through a subdepartment of the Department of Community  
2 Health to get licensed to be able to offer that service.  
3 So that's the type of interaction that we have. I don't  
4 personally have interaction with anyone in particular.

5 Q And who within View Point, who on your team is  
6 responsible for interacting with DCH around, for example,  
7 enrolling as a Medicaid provider for a new service?

8 A Our director of revenue cycle, Amanda  
9 Ledbetter.

10 Q To your knowledge, are staff at DCH involved in  
11 helping View Point identify gaps in service access  
12 specifically for children and adolescents with mental  
13 health?

14 A Not to my knowledge.

15 Q To the best of your knowledge, are staff at  
16 DBHDD actively involved in assisting View Point and  
17 identifying gaps in access to mental health services for  
18 children and adolescents?

19 A Yes. The Office of Children, Youth, and  
20 Families are more involved and -- and also have  
21 initiatives and -- and to try to improve services. For  
22 instance, the crisis unit for children with autism, that  
23 was something that we were asked specifically to open by  
24 the DBHDD.

25 Q So DBHDD came to View Point and said, we would



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1 like to see you open --

2 A Yes.

3 Q -- this CSU specifically for children with  
4 autism?

5 A Yes.

6 Q And what was the basis for their  
7 recommendation, to your understanding?

8 A To my understanding, there were -- that was a  
9 service gap that was noted statewide so that these  
10 children were not able to access the crisis stabilization  
11 services that they needed through the private system and  
12 that they recognized that specialized services needed to  
13 be made available in a -- in a dedicated unit that is  
14 focused on being able to use applied behavior analysis,  
15 which is another evidence-based practice modality, to be  
16 able to help these individuals. And so we serve kids  
17 for -- for the entire state.

18 Q And then the State made funding available  
19 through annual contracts to support that program?

20 A Yes.

21 Q I think you mentioned it was in the range of 3  
22 million; is that right?

23 A The autism unit is less than 2 million. The  
24 adolescent unit, which is focused for behavioral health  
25 in adolescents, is the one that I believe is closer to 3

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1 million.

2 Q Thank you.

3 Could you describe the coordination between  
4 View Point Health and the Georgia Department of  
5 Education?

6 A I don't have a lot of interaction with the  
7 Department of Education.

8 Q What about your staff?

9 A There could be, but not that I have -- not that  
10 I am very knowledgeable about.

11 Q To your knowledge, has View Point Health ever  
12 partnered with the Georgia Department of Education  
13 specifically with respect to expanding access to  
14 school-based behavioral health services?

15 A I don't know if I can say specifically that it  
16 was a partner with the Department of Education in  
17 connection with school-based. I --

18 Q You can't recall a time?

19 A I would -- I would assume that we have, but I  
20 can't recall a specific time where we did --

21 Q And how long --

22 A -- directly.

23 Q I should have asked this before. How long have  
24 you been a CEO of View Point Health?

25 A Almost nine years.

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1 Q And did you have any roles at View Point Health  
2 prior to becoming chief executive officer?

3 A Yes.

4 Q What were they?

5 A So I've been with the organization for 19  
6 years. I started out as an intake clinician, and then I  
7 have also served as -- in the quality assurance  
8 department, I have served as a center director, a  
9 clubhouse director, vice president of programs, chief  
10 operating officer.

11 Q And during that 19-year period, can you recall  
12 any specific instances of cooperation or coordination  
13 with the Georgia Department of Education around expanding  
14 school-based behavioral health services?

15 A I -- I would assume that we have. I just can't  
16 recall a specific -- a specific time. There -- I do know  
17 that I work directly -- when we were trying to open  
18 our -- our autism unit for the CSU for children with  
19 autism, we worked with DBHDD to make sure that there was  
20 funding through the Department of Education to have a  
21 teacher be available at the children's unit, because when  
22 they are admitted into our unit, they still need to  
23 continue on with their education. And so we worked with  
24 the local Rockdale -- it's in Rockdale County, so the  
25 local Rockdale public schools, so that they could get

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1 funding to supply a teacher, and that did come from the  
2 Department of Education.

3 So that's a -- it's not necessarily regarding  
4 school-based, but...

5 Q Right.

6 A And then there was another time where Governor  
7 Kemp came to visit the Meadowcreek High School, and I  
8 would assume that the Department of Education was  
9 involved in that, too. We were a part of it. It was --  
10 we had a -- a session there where he came to see how the  
11 school-based services were working out, and the  
12 Department of Behavioral Health was there as well.

13 Q Let me just pose one more question on this and  
14 we will move on. Do you have any ongoing work in your  
15 role as chief executive officer with the Georgia  
16 Department of Education around expanding access to  
17 school-based behavioral health services in your catchment  
18 area?

19 A No. The -- the work that we do is more on the  
20 local level with the school counselors and the  
21 superintendents of the three counties that we are in.

22 Q Does the Georgia Department of Education have  
23 any regular involvement in View Point Health's Apex  
24 program?

25 A Not that I am aware of.

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1 Q I'd like to move on to the Georgia State  
2 University Center of Excellence. Are you familiar with  
3 that entity?

4 A Yes.

5 Q And what is -- what coordination occurs between  
6 View Point Health and the Georgia State University Center  
7 of Excellence?

8 A So we operate a care management entity, and we  
9 have worked with that Center of Excellence for the  
10 evaluation of the care management entity's performance.

11 Q And is that ongoing work?

12 A Yes.

13 Q So are you providing -- is View Point providing  
14 regular reporting with respect to care management entity  
15 performance to the Center of Excellence?

16 A Yes.

17 Q And what generally is the subject of that  
18 reporting?

19 A Access for -- we are measuring -- and that --  
20 that is an entity that serves statewide, so we look at  
21 our individuals who need the services being able to  
22 access the service, as well as their overall outcomes  
23 based on the fidelity of the model.

24 Q I'd like to show you another exhibit that's on  
25 this topic. Give me one second and I will share the

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1 screen. This will be -- the e-mail will be 513 and the  
2 attachment will be 514.

3 (Plaintiff's Exhibits 513 and 514 were marked  
4 for identification.)

5 Q BY MR. HOLKINS: So I've just published what we  
6 are marking as Exhibit 513. This is an e-mail from Chad  
7 Jones to several recipients I believe at DBHDD, including  
8 Danté McKay, and it's dated March 14th, 2016. For the  
9 record, I will note that this is GA00578758, and it's  
10 produced by the State of Georgia to the United States in  
11 connection with this matter.

12 You are not on this e-mail. I don't expect you  
13 to have seen it before, but I want to show you this  
14 e-mail by way of introducing one of the attachments --

15 A Okay.

16 Q -- which is going to be the -- the CME report  
17 for -- for 2016.

18 A Okay.

19 Q Give me one second and I will pull that up.

20 So this is, for the record, GA00578761. It's  
21 the attachment to the e-mail that we have just discussed.  
22 This is Exhibit 514 at the top. It reflects that the  
23 month -- that this is data reporting for the month of  
24 February 2016, and the title reads, "View Point Health  
25 system of Care Coordination Encounter Data Report."

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1 Have you seen documents like this before?

2 A Yes.

3 Q What is this document?

4 A This is part of our tracking to ensure that we  
5 are -- or not -- this is part of our tracking for the  
6 system of care, the CME, the care management entity,  
7 where we track the number served and kind of their other  
8 ancillary services that are coordinated as part of that  
9 service.

10 Q And this reporting goes directly to DBHDD or to  
11 the Center of Excellence?

12 A I believe it goes to both.

13 Q Could you clarify for the record what a care  
14 management entity is.

15 A I'll do my best. So the care management entity  
16 is a High Fidelity Wraparound program for youth who are  
17 really at risk of out-of-home placement. So they are at  
18 risk of having multiple involvement with other State  
19 agencies like maybe the Department of Juvenile Justice,  
20 or they might need a psychiatric treatment facility  
21 outside of the home. They may be in foster care.

22 So these -- these youth get identified to  
23 really be high need, and so the CME is -- is a  
24 coordinated effort to wraparound services and coordinate  
25 the care for each individual.

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1           So we might not necessarily provide all of the  
2 services that that child needs, but we coordinate it in  
3 a -- in a fashion to make sure that they are getting  
4 everything that they need. And really this is -- these  
5 are maybe like the top 5 percent of the kids that really  
6 need this high level of care.

7           Q   And so the care management entities, is it fair  
8 to say, are exclusively focused on the provision of High  
9 Fidelity Wraparound?

10          A   Yes.

11          Q   How many care management entities are there in  
12 Georgia?

13          A   They started with two, and I believe we've got  
14 two more that -- or two more organizations that are  
15 coming on board.

16          Q   And what are the two that were the first to  
17 become CMEs?

18          A   View Point Health, and it used to be called  
19 Lookout Mountain Community Service Board. They have  
20 changed their name to Bridge Health.

21          Q   Bridge Health. And what are the two entities  
22 that are pursuing CME status?

23          A   I am going to say -- I think it is ASPIRE  
24 Community Service Board and CSB of Middle Georgia.  
25 That's my understanding.



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1 Q Do you know -- do you have an understanding of  
2 why those two entities were chosen to become CMEs?

3 A They applied for the -- I believe there was an  
4 RFP process put out by the Department of Behavioral  
5 Health and Developmental Disabilities, and it was a  
6 competitive bid process, and they applied and were  
7 selected.

8 Q What's your understanding of why DBHDD sought  
9 to expand the number of CMEs providing High Fidelity  
10 Wraparound in the state?

11 A To be able to provide more access and a  
12 geographic coverage of the state.

13 Q And prior to -- adding these two potentially  
14 new CMEs, were the two that you mentioned, View Point and  
15 then formerly Lookout Mountain, responsible for covering  
16 the entire state?

17 A Yes.

18 Q And in your -- do you have an opinion as to  
19 whether that was sufficient, two CMEs to cover the entire  
20 state for High Fidelity Wraparound?

21 A I was supportive of adding an additional two  
22 CMEs.

23 Q Do you think that is sufficient, for CMEs to  
24 ensure statewide access to High Fidelity Wraparound  
25 services for the children who need it?

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1           A    I think it's a little too soon to tell, because  
2   I would love to be able to see some of the data to see if  
3   we were able to improve penetration rates in some of  
4   those more rural counties.

5           Q    And what data was being collected with respect  
6   to penetration rates for High Fidelity Wraparound?

7           A    Number of kids served per area.

8           Q    Who was responsible for submitting that data?  
9   Was that part of this reporting process through the CMEs?

10          A    Yes.

11          Q    Okay. Is this data that View Point Health is  
12   still reporting on a monthly basis to DBHDD and the  
13   Center of Excellence?

14          A    I believe so.

15          Q    And does that data, the current version of --  
16   of this report, also reflect a number of youth diverted  
17   from unnecessary services?

18          A    I believe so.

19          Q    Can you explain how View Point makes the  
20   determination that a child has been diverted from  
21   unnecessary services, for example, at GNETS as a result  
22   of receiving High Fidelity Wraparound?

23          A    I cannot. I --

24          Q    Who -- who would be in the best position to  
25   answer that question for View Point Health?

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1 A Chad Jones.

2 Q Do you review these reports on a regular basis?

3 A Not on a consistent basis. We do have -- there  
4 have been times when we meet with the COE and the DBHDD  
5 to review overall trends. It's not on a regular  
6 consistent basis.

7 Q Are you aware of any other tracking or  
8 reporting, I should say, done by View Point that would  
9 show how many children were diverted from unnecessary  
10 placement in GNETS as a result of receiving one of your  
11 services?

12 A The only tracking that I'm aware of is the  
13 tracking that we do for the CME.

14 Q In connection with High Fidelity Wraparound?

15 A Yes.

16 Q And I should clarify that the High Fidelity  
17 Wraparound service in Georgia is Intensive Customized  
18 Care Coordination, or IC3?

19 A Yes.

20 Q Correct?

21 A Yes.

22 Q Okay. Could you describe just for the  
23 record -- and it doesn't have to be precise, but can you  
24 describe what Intensive Customized Care Coordination is,  
25 nuts and bolts?

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1           A    Again, I am not the best person to answer this,  
2   but it -- it's -- it's that High Fidelity Wraparound  
3   service that includes identifying getting a really clear  
4   plan of action, so identifying natural supports, as well  
5   as treatment needs that might be available to that child  
6   and family, and then connecting all of those resources  
7   together, and then monitoring the success and meeting on  
8   a regular basis with the team to determine if the  
9   outcomes that -- that they are hoping to achieve are --  
10   if they are moving towards those outcomes.

11           Q   Has it been your experience that the Intensive  
12   Customized Care Coordination service is effective in  
13   producing better outcomes for youth and families that are  
14   participating in it?

15           A   Yes.

16           Q   And would that include diverting children who  
17   are receiving High Fidelity Wraparound services from  
18   unnecessary services in places like GNETS?

19           A   Yes.

20           Q   And that's based on your review of this data,  
21   correct?

22           A   And by having anecdotal conversations with our  
23   team members, uh-huh.

24           Q   And which specific team members do you discuss  
25   the effectiveness of High Fidelity Wraparound?

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1 A Chad Jones.

2 Q Do you have an understanding of what DBHDD and  
3 the Center of Excellence do with this reporting that View  
4 Point provides on a monthly basis?

5 A I believe it is to monitor our performance and  
6 to uphold the fidelity of the model that we are utilizing  
7 for the services.

8 Q What is your understanding of how the State is  
9 assessing View Point's fidelity to that model?

10 A They're -- say that question again.

11 Q Absolutely.

12 We talked about this reporting as one tool --

13 A Uh-huh.

14 Q -- that the State uses to assess View Point's  
15 fidelity to the High Fidelity Wraparound model. I'm  
16 curious if there are other ways that the State is  
17 assessing View Point's fidelity?

18 A Yeah. So I believe the State has access to our  
19 records so that they can do a record review similar to  
20 the review process that I mentioned earlier to make sure  
21 that we are providing services in accordance with the  
22 intended descriptions of the service guidelines. I also  
23 believe that they do -- they conduct family and -- and  
24 client interviews so that they are surveying to see if  
25 they are satisfied.

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1 Q When is the last time that you can recall that  
2 DBHDD performed the record review that you just described  
3 to determine whether or not services are being provided  
4 consistent with DBHDD's Provider Manual? And these would  
5 be separate from the Beacon process that we discussed  
6 earlier.

7 A I cannot recall. I -- I couldn't say.

8 Q Has it been more than a year?

9 A I believe -- so they could have made the  
10 review. I haven't talked to them about that review  
11 process and had a meeting with them.

12 Q If DBHDD wanted to review records in connection  
13 with provision of the specific service that's being  
14 offered --

15 A Uh-huh.

16 Q -- by View Point under DBHDD's Provider Manual,  
17 how would that process start?

18 A They would -- they would talk to our staff  
19 members directly that are in the CME program and make  
20 that arrangement to do so.

21 Q Would you expect that they would direct that  
22 inquiry to Chad Jones?

23 A He might be involved. It might even be  
24 somebody on his team that would have direct access to be  
25 able to make that happen.

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1 Q Are you aware of any instances where DBHDD has  
2 identified problems or a need for corrective action as a  
3 result of these file reviews?

4 A Not necessarily of the file review, but I do  
5 know that there has been times where they have been  
6 concerned about our service -- our penetration rate  
7 throughout the state. So that has been a topic of  
8 discussion, is to, how can we improve access for some of  
9 the more rural counties into the services.

10 Q I believe there has been a High Fidelity  
11 Wraparound benchmarking effort. Is that accurate?

12 A Uh-huh.

13 Q DBHDD has participated in this review of  
14 statewide access to High Fidelity Wraparound?

15 A That's my understanding.

16 Q Okay. Ms. Hibbard, how do you define fidelity  
17 as we have been using it in this deposition?

18 A So the High -- the wraparound services that we  
19 use have a specific model, and I -- I can't recall the --  
20 I think it's just called High Fidelity Wraparound, but  
21 there might be another name for it, but there is a  
22 prescribed model that is utilized. I think -- I believe  
23 it's nationwide that -- you know, that's available in  
24 other parts of the nation as well, and that's the model  
25 that we use.

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1 Q So there is an established national set of  
2 standards and criteria for providing High Fidelity  
3 Wraparound, and you're being -- View Point is being  
4 assessed based on its conforming to those standards?

5 A Yes.

6 Q You mentioned that applied behavioral analysis  
7 is offered at the autism crisis stabilization unit,  
8 correct?

9 A Yes.

10 Q Is applied behavioral analysis offered outside  
11 of that unit through View Point?

12 A Yes. We also have an outpatient clinic.  
13 That's very small. It's on the third floor of this  
14 building that serves children from -- on an outpatient  
15 basis as well.

16 Q How many children receive services at that  
17 clinic on an annual basis?

18 A I don't have that number off the top of my  
19 head. It's -- we only have two board-certified behavior  
20 analysts in that department, and so it's -- it's just  
21 their caseloads. So I don't have the number, though.

22 Q So there are two applied behavioral analyst  
23 providers that are based in this clinic, and then you  
24 have ABA also available through the crisis stabilization  
25 unit that you described?



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1 A Yes.

2 Q Anywhere else?

3 A Not to my knowledge. There might be -- there  
4 might be one that's in our -- I don't know if we still --  
5 we would have to check with Chad Jones if we do have one  
6 that's in our community base. There had been one before.  
7 I'm not sure if that's still happening.

8 Q When we were talking earlier about the Georgia  
9 Department of Education, you mentioned that there was  
10 more coordination happening at the local level with  
11 schools.

12 A Yes.

13 Q Is that accurate?

14 A Yes.

15 Q Could you describe the coordination that is  
16 occurring between View Point and schools in your  
17 catchment area.

18 A Okay. So for our Apex Program, we have  
19 school-based clinicians that are embedded in the local  
20 public schools for both Gwinnett County, Rockdale County,  
21 and Newton County, and so those clinicians report to the  
22 school, and that's their -- that's their work site.

23 We also have -- Chad Jones also oversees the  
24 Apex programs, and we have meetings as needed with school  
25 administrators at those three public schools, and it's

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1 usually the school counseling department that we work  
2 with.

3 Q Is it fair to say that the coordination that's  
4 occurring between View Point and local schools in your  
5 catchment area is entirely through the Apex Program?

6 A We do some -- there is -- there is a  
7 possibility that other programs are doing work in the  
8 schools to -- I know for sure we do have a program called  
9 KidsNet that is outside of the Apex Program, and that's  
10 in association with Gwinnett County Public Schools where  
11 we have screeners. So they do a mental health screening  
12 and make referrals out if -- if -- if an individual is in  
13 need.

14 So they might just do a screening, and if they  
15 have private insurance, they might connect them up with a  
16 private therapist in the community to receive services.

17 Q Do you recall when View Pex -- excuse me, when  
18 View Point implements Apex services, what year?

19 A The exact year, I want to say it might have  
20 been 2014/2015, but I'm -- that's just off of my -- I  
21 could look.

22 Q That's fine.

23 A And I can get that information.

24 Q We can clarify that later.

25 A Okay.

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1 Q To your knowledge, was View Point providing  
2 school-based behavioral health services before it  
3 implemented Apex?

4 A We were providing KidsNet screening. We have  
5 been doing that for a number of years. I can't tell you  
6 exactly how long, but we did have screeners in the  
7 school.

8 We also are a contracted provider for Gwinnett  
9 County Public Schools to provide a very time-limited,  
10 short session that we use the Seven Challenges, and it's  
11 an after school-type program that the school makes  
12 referrals to. And kids will come and -- and the -- the  
13 child and their family will come for four sessions of the  
14 Seven Challenges, and then that's just a onetime thing.

15 Q To your knowledge, does View Point coordinate  
16 directly with LEAs or RESAs?

17 A My understanding is that individuals who might  
18 be in -- in the CME might be utilizing the CME services.  
19 There -- there is treatment teams that happen, and there  
20 might be some interaction there. I -- but I don't  
21 have -- I'm not the best person to ask for that.

22 Q Who would be the best person to ask?

23 A Chad Jones.

24 Q What is View Point Health's coordination with  
25 GNETS programs directly?

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1 A So we do have some programs that are completely  
2 outside of the Apex Program that we do provide support  
3 services for GNETS, for South Metro GNETS.

4 Q Where is South Metro GNETS located?

5 A South of Atlanta in Clayton County.

6 Q So that's outside of the catchment area for  
7 View Point, correct?

8 A Yes. Yes.

9 Q How did you form that partnership with Gwinnett  
10 County -- or, excuse me, with South Metro GNETS?

11 A To my understanding, we -- the -- the  
12 superintendent of Clayton County schools knew of View  
13 Point because of our CME, which is that statewide  
14 coverage, and had a connection that way.

15 Q Are you familiar with a GNETS program called  
16 Mainstay?

17 A Not to my knowledge. I don't recall.

18 Q Are you familiar with a GNETS program called  
19 DeKalb Rockdale?

20 A I would assume that that's the GNETS that  
21 services Rockdale County Public School.

22 Q Were you aware that there was a GNETS program  
23 serving DeKalb and Rockdale?

24 A I know that there are GNETS programs  
25 servicing -- that public schools have access to GNETS

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1 programs, so -- and I believe one of them is called  
2 Mainstay. I just can't -- I'm not sure which one it is,  
3 so...

4 Q Let's talk a bit about South Metro. You  
5 mentioned that there is some ongoing support that's  
6 occurring from View Point staff to South Metro GNETS.  
7 Can you describe what that entails?

8 A That is a separate contract that we contract  
9 directly with, or Clayton County Schools or South Metro  
10 GNETS contracts directly with View Point Health for one  
11 or more clinicians. I believe it might be two clinicians  
12 that go in and provide services for those that are in  
13 need of behavioral health services.

14 Q So I'm going to show you a couple more  
15 documents. The first is a cover sheet, and this -- these  
16 are documents produced by View Point, and the next will  
17 be the attachment. Give me one second.

18 And just for the record, this is VPH000009.  
19 The title is "Non -- Non-Apex Services and Staff:  
20 Schools, Settings, & Times of Services."

21 And this was a document produced by View Point  
22 Health to the United States in response to our subpoena.  
23 I'm now just going to quickly show you the document.

24 MS. COHEN: Are we going to mark it, Patrick?

25 MR. HOLKINS: I'm sorry?

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1 MS. COHEN: Are we going to mark it?

2 MR. HOLKINS: We have.

3 MS. COHEN: Yeah.

4 MR. HOLKINS: Oh, if -- I think we -- I said  
5 this is Exhibit 516 (sic).

6 MS. COHEN: Thank you.

7 MR. HOLKINS: Thank you, Franny.

8 (Plaintiff's Exhibit 515 was marked for  
9 identification.)

10 MR. HOLKINS: So let's set that aside.

11 (Plaintiff's Exhibit 516 was marked for  
12 identification.)

13 Q BY MR. HOLKINS: For the record, this is  
14 Exhibit 517 (sic), and it is the document that follows,  
15 the cover sheet that I just shared. The Bates stamp that  
16 we received from View Point is VPH000009.002.

17 Can you still see the document in South Metro  
18 GNETS?

19 A Yes.

20 Q Does this document list the View Point staff  
21 that are working at South Metro GNETS as you described?  
22 And I will give you control of the document so you can  
23 review. You should have control.

24 MS. COHEN: I'm sorry, I'm hearing from the  
25 peanut gallery that this document is 515. Is that what

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1 you -- you are showing?

2 MR. HOLKINS: So this should actually be -- I  
3 did skip a number. So this should be 516, and then the  
4 e-mail should be 515.

5 MS. COHEN: Okay. Thanks.

6 THE WITNESS: So I would need to -- I would  
7 need to check with other staff to confirm whether these  
8 are the team members, because I personally don't know the  
9 team members' names, but...

10 Q BY MR. HOLKINS: Who would be in the best  
11 position to confirm whether these are the staff assigned  
12 to South Metro GNETS by View Point Health?

13 A Chad Jones.

14 Q And what's your understanding of what services  
15 these individuals are providing at South Metro GNETS?

16 A My understanding is that they provide  
17 behavioral health assessments and individual counseling.

18 Q Do you have any understanding of whether those  
19 services are provided to students at South Metro GNETS  
20 other than by these clinicians?

21 A Say that again.

22 Q Yeah, let me try that again.

23 I'm trying to understand whether these are new  
24 services that are being offered at South Metro GNETS  
25 through these clinicians.

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1 A What do you mean by "new services"?

2 Q Was South Metro GNETS offering the same  
3 services that you mentioned -- individual counseling,  
4 behavioral health assessments -- before these clinicians  
5 were embedded in the program?

6 A Not that -- I don't -- I don't know the -- I  
7 don't know what they were doing before we were involved.

8 Q Does View Point Health have contracts with any  
9 other counties to provide behavioral health assessments  
10 and individual counseling in other GNETS programs?

11 A So I believe we -- I would have to check on  
12 that. I would have to check to see. I know for sure  
13 that we have one with South Metro GNETS. I would have to  
14 check to see if we have any others, because I know that  
15 we have -- we had talked about that need, but I'm not  
16 sure if we've actually -- have a contract on clinicians  
17 yet.

18 Q And would you ask Chad Jones about that as  
19 well?

20 A Yes.

21 Q Okay. To your knowledge, are the staff that  
22 are identified here assigned full-time to South Metro  
23 GNETS?

24 A I don't know that.

25 Q And how long has this been occurring?



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1           A    I would have to check on that as well, or we  
2   can -- we can ask Chad.

3           Q    We'll just put a pin on this, and we'll  
4   revisit --

5           A    Thank you.

6           Q    -- with Mr. Jones tomorrow.

7                   Outside of the embedded clinicians that you  
8   just described at South Metro GNETS, are you aware of any  
9   ongoing collaboration between View Point Health and GNETS  
10   programs?

11          A    I do believe that some of the individuals that  
12   we serve in our care management entity, in our High  
13   Fidelity Wraparound, might also be involved in -- in  
14   GNETS, in -- in a GNETS program, but I don't know that  
15   for sure, but I...

16          Q    Is it possible for a student enrolled --  
17   currently enrolled in a GNETS program to be participating  
18   in High Fidelity Wraparound through View Point Health?

19          A    Yes.

20          Q    Do you have a ballpark figure for the number of  
21   children from the three counties in your catchment  
22   area -- Newton, Gwinnett and Rockdale -- that are  
23   referred on an annual basis to GNETS program from their  
24   local schools?

25          A    I do not know that.

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1 Q Is that something that, to your knowledge, View  
2 Point is tracking?

3 A No.

4 Q They are not?

5 A Not to my knowledge.

6 Q Does View Point Health coordinate with the  
7 Georgia Advocacy Office?

8 A Yes.

9 Q With respect to what?

10 A I know that Chad Jones has been contacted by  
11 the Georgia Advocacy Office for advocating for children  
12 who are needing access to services. I know that there  
13 has been a good relationship between View Point and the  
14 Georgia Advocacy Office in just trying to ensure that  
15 services are available and to the youth.

16 Q And is -- what's your understanding of the role  
17 of the Georgia Advocacy Office in the Georgia System of  
18 Care?

19 A They -- they advocate for children to make sure  
20 they've got equitable access to the needs or to the  
21 services that they need, and they are -- that's my  
22 general understanding of it.

23 Q I want to go back to your coordination with  
24 local schools and ask you just a few more questions about  
25 that.

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1 A Okay.

2 Q Do you -- does View Point Health share data  
3 with respect to student outcomes, for example, with local  
4 schools within its catchment area?

5 A I would have to check on that to see if we are  
6 sharing data with our schools. I know that we've got  
7 agreements where we keep separate records, of course,  
8 because it's protected health information, so there might  
9 be some general data as far as number served that -- that  
10 we do share. I would have to check to see if there is  
11 any particular health outcomes that we share.

12 Q Are you -- are you familiar with the monthly  
13 reporting that View Point makes to the Center of  
14 Excellence and DBHDD in connection with its Apex Program?

15 A I don't review it on a regular basis, but I do  
16 know that there is reporting.

17 Q Do you know whether the data being reported  
18 through those monthly reports to DBHDD and the Center of  
19 Excellence has shared with participating schools?

20 A I would have to check on that.

21 Q Do you sit on any statewide committees?

22 A Other than the ones that we mentioned earlier  
23 through the Georgia Association of Community Service  
24 Boards?

25 Q Yes, other than that one.

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1           A    I'm trying -- I don't -- I don't believe so,  
2    statewide committees. I'm trying to think. I do serve  
3    on -- I serve on a variety of committees, but I'm trying  
4    to make sure that I recall one.

5           Q    Let me be a little bit more specific. Are you  
6    involved in the Interagency Directors Team?

7           A    Oh, I am not, the IDT meeting. View Point has  
8    had a seat in that committee, and currently I believe  
9    it's Chad Jones that participates in that. Prior to that  
10   it was Tammy Conlin, who was a former employee. So we do  
11   have a seat, and I have designated that.

12          Q    Okay. And what about the Georgia Educational  
13   Climate Coalition; do you participate?

14          A    I do not.

15          Q    Do you know if anyone does on behalf of View  
16   Point?

17          A    The Georgia Educational Climate, is that --

18          Q    Coalition.

19          A    Coalition. Not that I can recall, but that --  
20   it's possible.

21          Q    What about the Behavioral Health Coordinating  
22   Council? Are you familiar with that entity?

23          A    That is the entity that the Interagency  
24   Directors Team reports up to, right? That's shared by  
25   the commissioner of DBHDD. I'm familiar with it. I

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1 don't serve on it.

2 Q Do you participate in meetings of the BHCC?

3 A No. I have not participated in meetings that I  
4 can recall.

5 Q All right. So give me a second. I am going to  
6 now pull up some contracts --

7 A Okay.

8 Q -- between View Point Health and DBHDD and ask  
9 you some questions.

10 A Okay.

11 MR. HOLKINS: So I think we are now on 517. Is  
12 that right?

13 THE COURT REPORTER: Yeah.

14 (Plaintiff's Exhibit 517 was marked for  
15 identification.)

16 Q BY MR. HOLKINS: So I have just published what  
17 we are marking as Exhibit 517. This was produced by View  
18 Point Health in response to your subpoena. The Bates  
19 number is VPH000005.022.

20 Based on the top of the document, this appears  
21 to be an FY 2023 contract between View Point Health and  
22 DBHDD for the Georgia Apex Program.

23 I am going to give you control of the document.  
24 There is no need to review this line by line, but I just  
25 want to give you a chance to familiarize yourself.

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1 MS. COHEN: Are we going to give it an exhibit  
2 number?

3 MR. HOLKINS: We did.

4 MS. COHEN: Oh, we did. Okay. Sorry.

5 THE WITNESS: Okay. All right.

6 Q BY MR. HOLKINS: So I will take control of the  
7 document back.

8 Ms. Hibbard, you signed this contract, correct?

9 A Uh-huh. Yes.

10 Q Could you briefly describe what the Apex  
11 Program is and what it seeks to do?

12 A The Apex Program seeks to embed clinicians,  
13 licensed behavioral health clinicians into the local  
14 public schools to improve access to care for youth.

15 Q Do you believe that the program is succeeding  
16 in that goal?

17 A Yes.

18 Q Based on what?

19 A Based on the reports that we get from our  
20 clinicians and our school partners, and the -- being able  
21 to increase access and services to kids, because we are  
22 able to coordinate that care with the school and provide  
23 those services within the school, and it's -- it's  
24 been -- it definitely has helped.

25 Q I want to direct you to some of the texts on

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1 the first page of this contract. It states on the  
2 left-hand side that the total obligation under this  
3 contract is \$831,649. Do you see that text?

4 A Yes.

5 Q That's the total amount of the -- of funds  
6 allocated by DBHDD to View Point to support the Apex  
7 Program; is that correct?

8 A Yes.

9 Q Under that there is \$50,000 -- there's a line  
10 item for \$50,000 after "Federal." Do you see that text?

11 A Yes.

12 Q What is that?

13 A It's my understanding that when the Department  
14 of Behavioral Health and Developmental Disabilities  
15 receives their funds, they have some that are funded from  
16 a federal level and some that are funded at a state  
17 level, and they account for them separately in those  
18 contracts.

19 Q This is all passed through the state?

20 A Yes. It's all -- so DBHDD has both federal and  
21 state.

22 Q How did View Point or DBHDD arrive at this  
23 figure of \$831,649 for the allocation for this fiscal  
24 year?

25 A We -- I believe they put out a request -- a

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1 request for proposals, and we submitted a budget and  
2 applied for that.

3 Q And is that something that View Point is doing  
4 on an annual basis?

5 A Yes.

6 Q Are you familiar with the terms Apex 1.0, 2.0,  
7 and 3.0?

8 A Yes.

9 Q What's the difference between them?

10 A The first grant or the first contract that was  
11 out was 1.0, and -- and then we were able to expand and  
12 add as the program grew.

13 Q So 1.0 was the initial allocation of funds by  
14 the state. 2.0 was an expansion --

15 A Yes.

16 Q -- allocation?

17 And 3.0 is what?

18 A Is another expansion.

19 Q Another expansion. Okay. And have -- and View  
20 Point has taken advantage of each of those expansion  
21 grants to add more schools?

22 A Yes.

23 Q So if you bear with me, I'm going to scroll  
24 down to the portion of the contract that includes the  
25 deliverables and the requirements for the -- for View



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1 Point Health and for the State. Give me one second.

2 I'll just first note here that on page 2 you  
3 are identified as the point person for View Point Health,  
4 correct?

5 A Yes.

6 Q And Layla Fitzgerald is identified as the point  
7 person for the Georgia Department of Behavioral Health  
8 and Developmental Disabilities?

9 A Yes.

10 Q I'll just quickly note for the record -- this  
11 is on page 20 of Exhibit 517 -- that this was signed by  
12 you on August 11 of 2022.

13 A Correct.

14 Q All right. I have arrived at page 23 of -- of  
15 Exhibit 517. This is the deliverables for the Georgia  
16 Apex Program. Have you seen this document before?

17 A Yes.

18 Q And if we go to the next page, which is page 24  
19 of this document, it lists responsibilities for the  
20 community provider, and that would be View Point Health  
21 in this instance?

22 A Yes.

23 Q Before I ask about specific responsibilities,  
24 how, to your knowledge, is DBHDD assessing whether View  
25 Point Health meets its obligations under this contract as

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1 listed on page 24?

2 A I believe we submit programmatic reports.

3 Q Any other way?

4 A Not that I am aware of.

5 Q Are you also aware of a monthly progress report  
6 that View Point Health submits in connection with the  
7 Apex Program?

8 A That's what I called the programmatic report.

9 Q Okay.

10 A Maybe I called it the wrong name, but...

11 Q Okay. So I want to direct you first to the --  
12 the text after number one, which describes the purpose of  
13 the Georgia Apex Program funds as being "designed to  
14 provide infrastructure/seed funding to cover expenses  
15 that providers cannot bill as providers establish and  
16 grow their school-based mental health programs."

17 Further down in that same entry, the contract  
18 reads, "As provider billable thresholds grow concurrently  
19 with SBMH program growth, as a best practice, providers  
20 are encouraged to utilize unencumbered  
21 infrastructure/seed funding realized by the increase in  
22 billables to add schools."

23 So what's your understanding of what this  
24 responsibility means?

25 A So as we are -- so there is a -- a fair amount

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1 of nonbillable work that the clinician does in  
2 establishing the relationship with the school counselors  
3 at the local level and making -- making sure that  
4 counselors know and understand who to refer and how that  
5 process goes.

6 There is also some opportunities for our school  
7 counselors to conduct educational opportunities with the  
8 children and with families that are not necessarily  
9 billable services. And so once that -- and there is --  
10 this number one states that we understand that that is  
11 going to be more of -- there is going to be more of that  
12 time early on in establishing that relationship among the  
13 school and among the students and families that attend  
14 that school.

15 And then as that relationship is established,  
16 there's gonna be an assumption that there is gonna be  
17 more referrals made and more time spent providing direct  
18 services and being able to bill. And as that is  
19 achieved, then we can potentially expand and use some of  
20 our contracted funds that are not being used with that  
21 one particular clinician to maybe add another clinician  
22 at another school to establish that same relationship and  
23 then get them up and billing.

24 Q Thank you. That was really helpful.

25 And has that occurred in practice?

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1 A Yes.

2 Q So is it fair to say View Point Health has used  
3 funds that initially were intended to build relationships  
4 to those nonbillable activities to expand the number of  
5 clinicians?

6 A Yes.

7 Q Okay. The -- under this same responsibility,  
8 the contract reads, "Providers are required to maximize  
9 utilization of alternative funding streams including  
10 third-party payers, e.g., Medicaid, private insurance, et  
11 cetera."

12 What efforts is View Point undertaking to  
13 maximize utilization of alternative funding streams?

14 A So when a child is referred who has Medicaid,  
15 we bill the Medicaid services if that is available for  
16 that child.

17 Q Anything else?

18 A With Gwinnett County Public Schools, they  
19 utilized some of their own funds to provide us a contract  
20 to add additional clinicians to their schools in addition  
21 to the funding that we get from the State.

22 Q Are you aware of any efforts by DBHDD, aside  
23 from the monthly programmatic reports which you  
24 referenced earlier, to assess whether in fact View Point  
25 is maximizing utilization of alternative funding sources

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1 consistent with this contract?

2 A Not that I -- not that I'm aware of.

3 Q I want to direct you to number 3 under  
4 "Responsibilities" which references, "targeted schools  
5 will be selected based on factors including, but not  
6 limited to, Title I status, attendance data," and a  
7 number of other factors.

8 I want to ask you whether View Point Health has  
9 any role in identifying or selecting the schools that  
10 participate in Apex?

11 A So it's been my experience that the school  
12 system themselves prefer to identify the schools where  
13 they want to have Apex clinicians utilized, and that  
14 is -- they do utilize data that they have themselves  
15 through their own counseling and school social work  
16 departments to determine where that need is. Because the  
17 need is great, but our resources are limited. So  
18 that's -- that's been our experience that we go with the  
19 school.

20 Q Do you know whether the number of students  
21 being referred by a school district to GNETS is one of  
22 the points or criteria being used to determine whether a  
23 school should participate in Apex?

24 A I don't know.

25 Q Do you know if anyone in your organization

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1 would have knowledge about that?

2 A I don't know. Chad Jones might, but I don't  
3 know if -- I -- I had not heard if that was being used.

4 Q Do you think it would make sense, it would be a  
5 good practice to be considering the number of children  
6 being referred to GNETS in identifying whether schools  
7 should participate in Apex?

8 A I don't. I don't know. There is a lot of  
9 factors to determine, and the need is really, really  
10 great, so I just -- I just don't know if that's the  
11 number one.

12 Q Is it fair to say that the provision of Apex in  
13 the three-county area that View Point serves is not  
14 sufficient to meet the need presently?

15 A I think that there -- I think that that's fair  
16 to say; that -- that we could -- we could expand upon  
17 that because of the need, uh-huh.

18 Q Has there been any specific assessment of the  
19 need for services through Apex in your catchment area?

20 A Not specifically. I do know that the Gwinnett  
21 County schools has data, and they are looking at the --  
22 the need across their schools, and they have identified  
23 the need to expand, which is why they elected to use some  
24 of their own funds to add additional clinicians. They  
25 have also expressed the need to -- to -- we -- we are

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1 struggling even right now finding the workforce to fill  
2 the vacancies of those positions, so -- so the demand is  
3 definitely there.

4 Q Do you -- do you know how the need is being  
5 measured by Gwinnett County?

6 A I know of one marker that they have shared,  
7 which is the number of suicide attempts and number of  
8 suicide ideation at each school. They have surveyed the  
9 staff.

10 Q Are you --

11 A Or, sorry. They have surveyed the children.

12 Q I'm sorry.

13 Are you aware of any effort, separate from what  
14 you have described in connection with Gwinnett County,  
15 any effort by DBHDD to assess a need for Apex services on  
16 a system-wide basis?

17 A Not that I am aware of.

18 Q Any specific analysis of the need performed by  
19 the State in View Point's catchment area? Are you aware  
20 of that?

21 A Not that I'm aware of. I -- I would -- I would  
22 think that there would be something out there. I just --  
23 nothing that I am recalling offhand. I do believe -- I'm  
24 sorry.

25 Q Please go ahead.

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1           A    I do believe I had seen a report. It might  
2   have been a couple of years ago where there was a DBHDD  
3   Apex report, kind of a statewide progress report. I'm  
4   recalling that, but I -- I haven't seen it.

5           Q    Was this likely an annual program evaluation in  
6   connection with the Apex Program?

7           A    I believe so.

8           Q    Do you recall whether that report included any  
9   statewide assessment of the need for Apex?

10          A    I can't -- I'm -- I'm really foggy on the  
11   specifics. It seems like it was a couple of years ago,  
12   so I'm sorry.

13          Q    That's fine.

14                I want to focus you on the section titled  
15   "Deliverables" in this contract.

16          A    Uh-huh.

17          Q    I'm on page 25 of the document, and  
18   specifically the text under "Difference Made." Bullet  
19   one under "Difference Made" reads: "Of the students  
20   served by Apex, what percent required a higher level of  
21   care such as short-term crisis stabilization, or extended  
22   residential treatment. Include monthly and aggregate  
23   totals."

24                And this is information that View Point reports  
25   to DBHDD and the Center of Excellence on a monthly basis,



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1 correct?

2 A Yes.

3 Q And do you interpret this to mean -- well, let  
4 me just ask. What do you interpret "higher level of  
5 care" to mean in this context?

6 A I interpret that to be higher level than the  
7 Apex level of care. So Apex is individual counseling at  
8 an outpatient basis with an individual therapist, and I  
9 would interpret a higher level meaning they needed to be  
10 referred to the care management entity. They needed to  
11 be referred to intensive family intervention. They  
12 needed, you know, another level of care, even crisis  
13 stabilization. Anything other -- higher than the Apex  
14 level.

15 Q Would you consider placement in GNETS a higher  
16 level of care for purposes of this contract?

17 A I would -- I -- I don't think so, because we're  
18 talking about -- when I think of level of care, I think  
19 of a billable Medicaid service from the provider manual  
20 as opposed -- you know, that's a health service. So...

21 Q To your knowledge, is View Point tracking the  
22 number of students who receive Apex services and then go  
23 on to be placed in a GNETS facility?

24 A I would have to check on that. I don't know if  
25 that's what we track.

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1 Q Do you think it would be valuable to be  
2 tracking that information?

3 A I think it would be valuable to track that  
4 information. I don't know if that's a requirement of our  
5 report.

6 MR. HOLKINS: We've had a request for a break,  
7 and I think we can just maybe take a quick one now. We  
8 will go back on record briefly, and then we will break  
9 for lunch.

10 THE WITNESS: Okay.

11 THE VIDEOGRAPHER: We are off the record at  
12 11:44 a.m.

13 (The deposition was at recess from 11:44 a.m.  
14 to 11:55 a.m.)

15 THE VIDEOGRAPHER: Back on the record at  
16 11:55 a.m.

17 Q BY MR. HOLKINS: Ms. Hibbard, I just want to  
18 revisit briefly the last thing that we were talking  
19 about, which is the "Deliverables" under View Point's  
20 Apex contract with DBHDD for FY '23. And this is Exhibit  
21 517.

22 So specifically we were talking about higher  
23 levels of care, and I think you referenced them being  
24 Medicaid billable services. Can you explain what you  
25 mean by that?

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1           A    So levels of care are just the array of  
2   services that we offer, and they kind of vary in  
3   intensity. So outpatient level of care, which is the  
4   Apex Program, is individual counseling. And then as you  
5   move up in intensity of need, the services are more  
6   intense, so they would vary. Like I mentioned, intensive  
7   family intervention or crisis stabilization unit, that's  
8   a -- those are higher levels of care.

9           Q    If a -- if a child is placed in a Juvenile  
10   Justice facility, would that be considered a higher level  
11   of care for purposes of this report?

12          A    That is outside of -- that would be kind of  
13   like a different placement, and it would be kind of  
14   outside of the services that we provide as a level of  
15   care. It would be kind of referred out.

16          Q    Fair. But I know you are considering -- you  
17   are conceptualizing level of care to be exclusive to View  
18   Point?

19          A    Or to a -- or to a healthcare service.

20          Q    To a healthcare service.

21          A    Yeah. So I guess, yeah, getting a different  
22   placement into a Juvenile Justice facility, that would be  
23   a higher need to justify that.

24          Q    Would you agree that one of the goals of the  
25   Apex Program is to help meet the needs of children in the

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1 lowest level of care?

2 A To help meet the needs of children in the  
3 lowest level of care, I would think that the -- the Apex  
4 Program aims to prevent children from needing to go into  
5 those other higher services, so yeah.

6 Q That puts it better. So the goal is to  
7 maintain children --

8 A Right.

9 Q -- in their existing local schools --

10 A Right.

11 Q -- in communities and avoid placement in higher  
12 levels of care?

13 A Yes. It's an early intervention.

14 Q Do you think that one of the goals of the Apex  
15 Program should be to prevent students from being placed  
16 in GNETS unnecessarily?

17 A I think that would make sense.

18 Q Are you familiar of -- are you familiar with  
19 the continuum of care -- what the continuum of care means  
20 in an education context?

21 A Say that again, please.

22 Q Are you familiar with the -- the concept of  
23 continuum of services in the education context?

24 A I'm familiar with the continuum of care from a  
25 healthcare perspective as far as all of the services that

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1 are available for healthcare behavioral health  
2 intervention. Not quite as familiar with the educational  
3 component of continuum of care.

4 Q So you wouldn't be able to say, for instance,  
5 the -- the steps that would occur in between or should  
6 occur in between full integration in a general education  
7 classroom and then placement in a restrictive setting  
8 like GNETS? We should be able to identify the steps  
9 between those two extremes?

10 A No, I don't think that is something that I'm  
11 familiar with in my realm. I feel like that is something  
12 that the school is really in charge of.

13 Q So is it fair to say, as you explained it, that  
14 the continuum of care referenced in this contract refers  
15 to health services?

16 A Yes.

17 Q Not placement in GNETS?

18 A Correct.

19 Q But you would agree that it should be a goal of  
20 the Apex Program to divert children from unnecessary  
21 placement in GNETS?

22 A I would say that I -- it would be an effective  
23 outcome of the Apex services to try to prevent children  
24 from being placed out of their school.

25 Q And do you have a sense, sitting here today,

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1 whether the Apex Program is being leveraged toward that  
2 specific goal?

3 A I don't know because I -- I am not real clear  
4 on the schools once they make those referrals of the kids  
5 to Apex, if they are utilizing that as a -- as a marker.  
6 So it's hard to -- it's hard to say.

7 Q Have you ever been to a GNETS facility  
8 personally?

9 A Yes.

10 Q Which one?

11 A I have been to Oakland Meadow, which is just  
12 down the street. It's part of -- I believe it's a GNETS  
13 school for Gwinnett County, Oakland Meadow.

14 Q It's called Oakland Meadow?

15 A Uh-huh.

16 Q Do you know whether View Point provides any  
17 support or services for students enrolled at Oakland  
18 Meadow?

19 A Not to my knowledge. I was there for a  
20 meeting. This school provides -- mostly serves  
21 individuals or children with severe and profound  
22 developmental disabilities.

23 Q Has View Point Health ever been engaged by a  
24 State agency, for example, to assess the quality or  
25 effectiveness of behavioral health services and

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1 interventions provided in a GNETS setting?

2 A Not that I can think of. That's a possibility,  
3 but I can't think of a specific instance.

4 Q Do you have any knowledge of Apex staff at View  
5 Point Health making referrals to GNETS for enrolled  
6 clients?

7 A Making referral -- so an Apex student who is  
8 enrolled in Apex and a staff member recommending to go to  
9 GNETS?

10 Q Correct.

11 A Not that I'm aware of.

12 Q Ms. Hibbard, is it fair to say that GNETS is  
13 not a higher level of behavioral healthcare that Apex  
14 clinicians refer to?

15 A Say that one more time.

16 Q Is it fair to say that GNETS is not a higher  
17 level of behavioral care that Apex clinicians refer to?

18 A I would think that that's -- yes.

19 Q Do you think it's important that students be  
20 served in their local school district whenever possible?

21 A Yes.

22 Q Why?

23 A I believe in early intervention and the least  
24 restrictive environment when -- when at all possible.

25 Q Why does that matter? What's the benefit of

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1 serving a child wherever possible in their local school  
2 district?

3 A To be less disruptive to the child and to have  
4 them have access to their home and their known  
5 environment.

6 Q Can you explain how it would impact children to  
7 be removed from their home environment, as you say, in  
8 order to access needed services?

9 A Every child is different, but I would be  
10 concerned about any sort of disruption creating an  
11 adverse childhood experience and could potentially impact  
12 that child in a negative way.

13 Q Can you explain what you mean by the term  
14 "adverse child experience" or ACE?

15 A Uh-huh. Yeah. An adverse child -- childhood  
16 experience is something that could occur that would  
17 potentially result in the child experiencing some sort of  
18 trauma.

19 MR. HOLKINS: So I actually think this is a  
20 good time for us to go ahead and take our lunch break. I  
21 think an hour is totally fine.

22 We can go off the record.

23 THE VIDEOGRAPHER: Off the record at 12:05 p.m.

24 (The deposition was at recess from 12:05 p.m.  
25 to 1:08 p.m.)



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1 THE VIDEOGRAPHER: We are back on the record at  
2 1:08 p.m.

3 Q BY MR. HOLKINS: Welcome back, Ms. Hibbard.

4 A Hi.

5 Q I would like to jump right in to another  
6 exhibit, and this is a previously marked exhibit, Exhibit  
7 82. Give me a second and I will put it on the screen.

8 I've just published what was previously marked  
9 as Exhibit 82. This is known as the GNETS rule. I will  
10 give you a moment, Ms. Hibbard, to briefly review the  
11 document, and just let me know when you are finished.  
12 You should have control.

13 A I'm not sure I have control.

14 Q You are not able to click. Let me see if I  
15 can.

16 THE VIDEOGRAPHER: Oh, I changed it to the  
17 "other witness." I'm sorry. There should be two witness  
18 windows. It's that one.

19 MR. HOLKINS: It should be the second witness?

20 Q BY MR. HOLKINS: Try now.

21 A Yeah.

22 MR. WOODRUM: And so this was previously  
23 admitted, I assume at another deposition?

24 MR. HOLKINS: Correct. Yes. This was admitted  
25 in the deposition of the State agency employee.

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1 MR. WOODRUM: Okay. And when you say "rule,"  
2 this looks like a Georgia Department of Education rule?

3 MR. HOLKINS: Yes. This is a rule developed by  
4 the Georgia Department of Education.

5 THE WITNESS: This is my first time to see  
6 this, so how -- how much do you want me to --

7 Q BY MR. HOLKINS: That's fine. There is no need  
8 for you to review it line by line. That was going to be  
9 my next question, whether you had seen this before.

10 A Okay.

11 Q This is the first time you have seen this  
12 document?

13 A Yes.

14 Q Okay. I'm not going to ask you in depth about  
15 the document. I do want to point you to one specific  
16 piece of it --

17 A Okay.

18 Q -- that involves community providers --

19 A Okay.

20 Q -- of behavioral health services, and then it  
21 will be the source of the questions.

22 A Okay.

23 Q Just let me know when you are ready.

24 Okay. I'm taking control back.

25 So I want to move to page 5 of the document,

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1 and just so it's clear, these pages show the  
2 responsibilities of, among other things, the GNETS  
3 programs under this rule. One of those responsibilities  
4 is listed at No. 13. It reads, "To the maximum extent  
5 possible, collaborate with community service providers to  
6 coordinate the delivery of mental health services and/or  
7 family support."

8 Do you see that text?

9 A Yes.

10 Q Were you aware before today of this  
11 responsibility for GNETS programs to collaborate to the  
12 maximum extent possible with community service providers?

13 A I was not familiar with this document and this  
14 whole rule.

15 Q And that includes that specific requirement?

16 A Yes.

17 Q And do you -- would you understand community  
18 service providers as referenced here in this text to  
19 include community service boards?

20 A Yes. I would interpret it that way.

21 Q And so just to be clear, have you ever received  
22 any communications from a director of a GNETS program,  
23 for instance, Mainstay, about collaborating with View  
24 Point to the maximum extent possible to coordinate the  
25 delivery of mental health services?

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1           A    Would a communication from the Clayton County  
2           Schools qualify as that?

3           Q    No.

4           A    Yes.

5           Q    So that would be one example?

6           A    Yes.

7           Q    And can you call -- recall any other instances  
8           when you've been contacted by a director of a GNETS  
9           program about collaborating with View Point to coordinate  
10          the delivery of mental health services?

11          A    The time that I visited Oakland Meadow was a  
12          community kind of advocacy meeting with the school  
13          officials, and I was a part of that discussion. It  
14          wasn't to provide services directly there. It was just  
15          having a -- an awareness, an advocacy meeting at that  
16          location, and the schools had invited us to do that.

17          Q    Just to go back to my question, aside from the  
18          Clayton County example that you cited, can you recall  
19          another instance when you have been communicated by -- or  
20          you've been -- you've received a communication from a  
21          GNETS program about coordinating the delivery of mental  
22          health services?

23          A    I think that's the only one that I can recall  
24          or that contacted me directly.

25          Q    Okay. And have you received any direction from

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1 the Georgia Department of Education with respect to this  
2 responsibility of the GNETS programs, to the maximum  
3 extent possible, collaborate with community mental health  
4 providers?

5 A Not to my knowledge.

6 Q Have you received any communications from local  
7 education agencies or RESAs with respect to this  
8 obligation, that GNETS programs collaborate to the  
9 maximum extent possible with community service providers?

10 A Not to myself directly.

11 Q Would you expect that communication to come to  
12 you?

13 A It could also come to somebody else on the View  
14 Point Health team. That's a possibility.

15 Q Who would you expect to receive those  
16 communications if not you?

17 A Somebody -- either Chad Jones or somebody on  
18 the -- the team that he supervises. It -- I'm thinking  
19 in particular the care management entity team.

20 Q Do you think that there are opportunities to  
21 expand collaboration between View Point, your  
22 organization, and the GNETS programs?

23 A Yes.

24 Q What kind of opportunities do you think would  
25 be worth pursuing in that realm?

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1           A    If there is a need for -- to fulfill this item  
2    here, number 13, to collaborate with community service  
3    providers to provide mental health services, as the State  
4    safety net, I feel like that would be an opportunity for  
5    View Point Health.

6           Q    Has this requirement ever come up in  
7    discussions with the other CSBs during the association  
8    meetings that you described earlier?

9           A    Not that I can recall.

10          Q    To your knowledge, do View Point clinicians  
11    play any role in the assessment of whether children who  
12    have been referred for GNETS placement are ultimately  
13    placed in GNETS?

14          A    Not that I am aware of.

15          Q    Are you familiar with the term "IEP"?

16          A    Yes.

17          Q    What does IEP stand for?

18          A    Individual education plan.

19          Q    Do members of View Point staff participate in  
20    IEP meetings?

21          A    I believe so.

22          Q    Is that for students who are participating in  
23    the Apex Program?

24          A    Yes.

25          Q    And what is the role of View Point staff when

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1 they participate in those IEP meetings?

2 A To provide input based on their clinical  
3 knowledge.

4 Q Do you think it's important for clinical  
5 perspectives to be represented in IEP team meetings?

6 A Yes.

7 Q Why is that?

8 A Because they are a professional that has  
9 information and knowledge about that child's well-being  
10 and what could potentially warrant some additional  
11 supports.

12 Q Do you think that...

13 Do you view it as part of the role of View  
14 Point staff when participating in these IEP team meetings  
15 for Apex participating students to assess whether their  
16 needs can be met within the local school district and  
17 avoid unnecessary GNETS placements?

18 A That might be a little out of scope for the  
19 clinician. Their role is to assess their behavioral and  
20 emotional needs, so their educational needs would be more  
21 on the role of the school.

22 Q Would you expect the clinician to be involved  
23 in identifying specific services and supports and  
24 interventions that could be provided to meet their needs  
25 in the local school district setting?

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1 A Yes.

2 Q All right. Let's set this aside.

3 I want to show you another document. This is  
4 also something that has been previously marked in the  
5 course of this litigation. Give me one second.

6 I've just published what was previously marked  
7 as Exhibit 22. This is, if you flip to the second page,  
8 the Georgia Apex Program Annual Evaluation Results for  
9 July 2019 to June 2020. I made this -- I believe this  
10 may be the document that you were thinking --

11 A Yes.

12 Q -- about earlier; is that right?

13 A Yes, this is the one I recall.

14 Q Okay. I'm happy to give you a moment if you  
15 want to flip through. I have a question specifically  
16 about page 21, but you are welcome to review the document  
17 globally if you like. I will give you control now.

18 A Okay.

19 Okay. You said page 21?

20 Q Page 21.

21 A Okay.

22 Q So you flip to that page, and I will just note  
23 for the record that the title of this slide, if I can  
24 move this a little bit, is "Top Three Referral Reasons."  
25 And it says -- referring to referrals to the Apex Program



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1 during the relevant time period. The chart shows that  
2 the top three referral reasons are classroom conduct,  
3 behavior outside classroom, and depression. Is that  
4 accurate?

5 A Yes.

6 Q Ms. Hibbard, do you know what evidence-based  
7 practices would be effective in addressing problems  
8 relating to classroom conduct?

9 A It would -- I think it would have to be --  
10 there would need to be an assessment, a behavioral health  
11 assessment, and then an individualized treatment plan  
12 developed to be able to determine what was the underlying  
13 cause for the classroom misconduct.

14 Q And what is your expectation for the  
15 evidence-based practices that should be provided to  
16 address the issues relating to behavior outside  
17 classroom? Would it be the same?

18 A Yeah. Those are pretty broad categories, so I  
19 think the clinician would want to know what would be some  
20 of the contributing factors before stating what would be  
21 the best course of treatment.

22 Q Are there additional evidence-based practices  
23 that you would expect to be used in addressing issues  
24 relating to depression, which is the number three  
25 referral reason?

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1           A    So for -- for depression, as well as other  
2 behavioral health symptoms, the evidence-based practices  
3 that are utilized by our Apex clinician include  
4 motivational interviewing, cognitive behavioral therapy,  
5 and play therapy. Those are kind of the primary ones or  
6 the most frequently used.

7           Q    And do Apex staff at View Point receive  
8 training on providing or conducting behavioral health  
9 assessments consistent with the evidence-based practice?

10          A    Trainings are made available to them. I would  
11 need to check to see if they're taking advantage of all  
12 of those trainings.

13          Q    Do you know whether or not those trainings are  
14 required? Is it just optional for staff to participate  
15 in those trainings on behavioral health assessments?

16          A    There are some trainings that are required that  
17 are part of the annual program that we -- the training  
18 program that we have. Some of them are the ones that I  
19 stated earlier, but I know the one that's required is  
20 AMSR, which is the assessing and monitoring of  
21 suicidality.

22          Q    I know that you described some general  
23 evidence-based practices that would be used when there  
24 are issues with classroom conduct and behavior outside  
25 classroom, specifically including behavioral health

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1 assessments and individual treatment plans; is that  
2 accurate?

3 A Yes.

4 Q And then what evidence-based practices would be  
5 considered after -- or based on the results of those  
6 assessments and treatment plans?

7 A That's where I said cognitive behavioral  
8 therapy and motivational interviewing and play therapy.

9 Q Okay. Anything else that you can think of?

10 A I am sure there are other modalities. Those  
11 are the ones that are frequently utilized, but the  
12 clinicians do have -- each clinician has other  
13 specialized training that they can employ based on the  
14 need.

15 Q Do you receive any guidance from DBHDD or the  
16 Center of Excellence, for that matter, with respect to  
17 what evidence-based practices or promising practices View  
18 Point should be using to address these top three referral  
19 reasons?

20 A It's consistent with the ones that -- that I  
21 have listed. In addition to, there is a policy  
22 regarding -- excuse me -- regarding suicide screening,  
23 which is the DBHDD policy that names AMSR as the  
24 methodology to use.

25 Q I think you referenced some specialized

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1 training that View Point staff are able to receive --

2 A Uh-huh.

3 Q -- on these evidence-based practices. Is that  
4 accurate?

5 A Yes. From time to time we offer training  
6 that -- that's made available to our staff.

7 Q Can you describe what that specialized training  
8 is?

9 A I would have to pull up our training calendar  
10 to take a look at that because it -- it varies based on  
11 the staff need and the trainings that we have available  
12 at the time, so it does -- we can get that information.

13 Q So let's just sit tight. I think that we have  
14 a document that we can show you that may --

15 A Okay.

16 Q -- help to kind of guide --

17 A Okay, that would be better.

18 Q -- your testimony. Give me one second.

19 I'm not finding it easily, so I will come back  
20 to it after our break. Apologies, but let's just move  
21 on, and then I will circle back to that.

22 I want to show you another document previously  
23 admitted. Give me one second. I've just published what  
24 was previously marked as Exhibit 8. This is, for the  
25 record, a letter from the State of Georgia to the United

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1 States dated February 12, 2021. I don't expect you to  
2 have seen this before. I want to reference you to a  
3 specific portion of the letter.

4 A Okay.

5 Q Give me one second and I will scroll down to  
6 it.

7 Specifically I'm interested in getting your  
8 thoughts on the State's response to Interrogatory  
9 No. 17. And I'll give you a minute to review the  
10 information that the State included in that response, and  
11 just let me know when you are finished. You should have  
12 control of the document.

13 A Okay. And you want me to read No. 17?

14 Q Yes, please.

15 A Okay. Thank you.

16 Q I'm gonna take control back.

17 So for the record, this -- this response from  
18 the State identifies Medicaid billable services in a  
19 community behavioral health services category. It's  
20 based on the DBHDD Provider Manual.

21 A Uh-huh.

22 Q I first would like to ask you whether there are  
23 any services identified on this list that are not  
24 available at View Point. And I will give you control so  
25 you can scroll.

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1 A We do not provide psychological testing.

2 Q Anything else?

3 A That's it. We don't provide intensive family  
4 intervention at this time. We have in the past, but we  
5 don't right now.

6 Q Why did View Point discontinue intensive family  
7 intervention?

8 A I do not remember. I know that we -- I was the  
9 child and adolescent coordinator of Rockdale and Newton  
10 whenever we did have it, and then I had a baby and came  
11 back and we didn't have it anymore. So I don't really  
12 recall why that went away, so... And I went into a  
13 different role.

14 Q Understood.

15 And what is intensive family intervention in  
16 your own words?

17 A In my own words, it's like the sort of  
18 community treatment but for kids. I don't know if that's  
19 accurate, but it is an intensive team-based approach to  
20 providing intervention. We provide it in the home, at  
21 the school, in the community with multiple team members  
22 all working with the same family and child.

23 Q Do you see a need for intensive family  
24 intervention to serve View Point's existing clients?

25 A We don't currently have that in our service

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1 array. We -- we have the care management entity where we  
2 could refer clients to other IFI providers. IFI is what  
3 we call intensive family intervention, because there are  
4 private providers that do provide that service still.

5 Q So to make sure I understand, you can refer out  
6 for intensive family intervention being provided through  
7 other providers in the same catchment area?

8 A Correct.

9 Q Do you feel that the supply of intensive family  
10 intervention is sufficient to meet the need in the  
11 three-county area in which you serve?

12 A In the role that I serve, I have not -- we have  
13 not had any sort of discussion about that being a big gap  
14 that we needed to try to fill that I can recall.

15 Q Are the services listed in the State's response  
16 to Interrogatory No. 17 on pages 2 and 3 of these  
17 documents in your opinion generally helpful and  
18 effective?

19 A Yes.

20 Q Are they specifically helpful and effective in  
21 allowing children to remain in their local school  
22 districts?

23 A Yes. This is the -- these are the basic core  
24 services that are available at outpatient clinics, and  
25 behavioral health assessment and individual counseling

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1 are the services that we provide at Apex, and we believe  
2 that that is effective.

3 Q And your -- your opinion about the  
4 effectiveness of this service package is based on data,  
5 correct?

6 A Correct.

7 Q It's also based on the experience of specific  
8 clients?

9 A Correct.

10 Q It's also based on what you've heard from  
11 clinicians who provide the services?

12 A Yes.

13 Q And it's probably also based on what you hear  
14 from the schools that participate in Apex?

15 A Yes.

16 Q Let's set this one aside.

17 We are going to move on to another exhibit  
18 which is gonna be 518.

19 (Plaintiff's Exhibit 518 was marked for  
20 identification.)

21 Q BY MR. HOLKINS: I have just published what we  
22 are marking as Exhibit 518. This is a report by Voices  
23 for Georgia's Children. Have you heard of that  
24 organization?

25 A Yes.



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1 Q What is Voices for Georgia's Children?

2 A I believe it's an advocacy group, and I do  
3 recall seeing this publication.

4 Q The title of the publication is "Supporting  
5 Children's Mental Health in Georgia Schools: How Three  
6 School-Based Mental Health Providers Serve Students,"  
7 correct?

8 A Yes.

9 Q And this is a report from June 2020.

10 Is it accurate that View Point Health is one of  
11 the providers featured in this report?

12 A Yes.

13 Q You have read this report before?

14 A Yes, back in June of 2020.

15 Q Did you participate directly in the information  
16 sharing --

17 A No.

18 Q -- that supported this report?

19 A No.

20 Q Do you know who at View Point Health was  
21 involved in working with Voices for Georgia's Children on  
22 this report?

23 A It would have been somebody from the Apex team,  
24 and it could have been Chad Jones.

25 Q So I want to move to page 14. I'm going to ask

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1 you specifically about this section here under  
2 "Treatments and Supports." I know it's sometimes  
3 difficult to answer a question just in isolation without  
4 context, and so if you would like to take a -- a couple  
5 of minutes to --

6 A Okay.

7 Q -- read the text before and the section -- and  
8 in the section, you are welcome to do that. I will give  
9 you control.

10 A Okay. I don't remember a whole lot of this  
11 right off the top of my head, but we can -- go for it.

12 Q Absolutely. I will ask the questions, and just  
13 answer to the best of your ability.

14 A Okay.

15 Q So under "Treatment and Supports," the report  
16 indicates that, "All providers interviewed provide  
17 multitiered system supports, including Tier 1, Tier 2,  
18 and Tier 3 services, in addition to services after school  
19 and over the summer, and medication management."

20 First off, is that an accurate statement for  
21 View Point Health?

22 A Yes.

23 Q And just in -- just briefly and in your own  
24 words, what are Tier 1, 2 and 3 services?

25 A Okay. Tier 1 is the services that we provide

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1 that are more educational based; more, just for lack of a  
2 better term, like putting fluoride in the water. Just  
3 trying to provide -- not identifying like a particular  
4 client but just providing the education to the whole  
5 class or to the whole school from a -- a prevention and  
6 early -- you know, early standpoint. Maybe helping  
7 educate the teachers on how to identify symptoms of  
8 behavioral health issues that they could be aware of in  
9 the classroom.

10 And then Tier 2 and 3 step up into more need  
11 for individualized treatment mental health service.

12 Q I want to direct you to the next line in the  
13 same section which reads, "Very rarely, providers will  
14 refer students or families to outside providers, such as  
15 for in-home services."

16 Do you see that text?

17 A Uh-huh.

18 Q Is that accurate for View Point Health?

19 A I believe so.

20 Q And so that would include, for example,  
21 referrals for intensive family intervention?

22 A Correct, yeah, if need be.

23 Q And why -- what's your understanding of why  
24 referrals for services by outside providers are so rare  
25 for View Point?

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1           A    It's my understanding that if we are able to  
2    intervene early, then the need for that is reduced. You  
3    can provide the services at a -- a lower intensity level  
4    early enough to try to curb that behavioral health  
5    disorder.

6           Q    Is it fair to say that there are still students  
7    despite those early intervention efforts who are moving  
8    into higher levels of care?

9           A    Yes. That would -- yeah, that would be  
10   expected.

11          Q    And is it possible that those students may be  
12   appropriate for referrals to outside agencies that would  
13   be able to offer intensive in-home services?

14          A    Yes.

15          Q    Has there been any discussion within View Point  
16   Health about increasing the number or volume of referrals  
17   to outside providers in order to fill whatever gaps are  
18   in View Point's?

19          A    Not that I have been a part of, but that could  
20   have taken place among the team, but not that I am -- am  
21   aware of.

22          Q    To your knowledge, has View Point undertaken  
23   any specific analysis of the service needs of students  
24   who have been referred in GNETS placement?

25          A    To my knowledge, not that I know of. I have

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1 not heard of anything that we have done.

2 Q Are you aware of any analysis by View Point of  
3 the community service needs of children who are enrolled  
4 in GNETS and are attempting to move back to their local  
5 school district?

6 A Not that I'm aware of.

7 Q Has there been any discussion with the  
8 Department of Education, DBHDD, or DCH with respect to  
9 that topic?

10 A Not that I have been included in.

11 Q All right. I'm going to stop sharing this  
12 document.

13 We've got a couple more, and then we will take  
14 a break.

15 (Plaintiff's Exhibit No. 519 was marked for  
16 identification.)

17 Q BY MR. HOLKINS: So this is going to be Exhibit  
18 519. I've just published it. It is, I believe, a  
19 monthly programmatic report submitted by View Point  
20 Health for the Apex Program, and it's for the month of  
21 April 2022.

22 I will give you control of the document if you  
23 would like to familiarize yourself, and just let me know  
24 when you are done.

25 A Okay. Okay.

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1 Q Okay. I'm going to take control of the  
2 document back.

3 A Okay.

4 Q Have you seen this specific report before?

5 A No, not this one.

6 Q And can you remind me -- you may have testified  
7 about this earlier -- is it part of your regular duties  
8 to review the monthly programmatic reports for View  
9 Point?

10 A No. I delegate that.

11 Q And who has principal responsibility for that?

12 A So Yuki Reese is the program manager for the  
13 Apex Program.

14 Q And it would be her job to complete these  
15 monthly reports and submit them to DBHDD or the Center of  
16 Excellence?

17 A Or at least provide information to get that --  
18 to follow that process.

19 Q And it's based on information that she's  
20 receiving from Apex staff embedded at the schools that  
21 View Point serves?

22 A Yes, and data that she gathers from our  
23 electronic health record.

24 Q So my understanding is that this -- this  
25 particular programmatic report is, even for that month,

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1 not capturing the full population of -- of schools that  
2 are served by View Point. There are only -- there are  
3 seven schools listed here. I think there is another  
4 report for the same month that reflects services that are  
5 provided in other schools served by View Point.

6 A Yes.

7 Q Is that accurate?

8 A Yes. Yeah, this doesn't seem like it's the  
9 full picture.

10 Q Right. Right. And we'll talk more about this  
11 tomorrow, I think, but I want to just ask you about the  
12 overarching, kind of the roll-up summary numbers that are  
13 on this page of the report.

14 Recognizing this is not a reflection of the  
15 full footprint for the Apex Program at View Point, my  
16 question is whether View Point has set specific targets  
17 for how many schools it wants to serve through Apex.  
18 Let's start there. Has View Point set targets for how  
19 many schools it wants to serve through Apex?

20 A Not specifically. We have worked with the  
21 school districts to come up with that together. In  
22 Gwinnett County schools they have set a target that they  
23 aspire to have an Apex clinician for each cluster. The  
24 way they define cluster is, is the high school has  
25 theater schools from the middle school and theater

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1 schools from the elementary school. That's a cluster,  
2 and their goal is to have an Apex clinician for each one.

3 In Newton County schools it's different. They  
4 have aspirations to have school -- Apex clinicians in  
5 many more of their schools. So it's something that we  
6 work in collaboration with with a local school district.

7 Q So is it fair to say that these targets are --  
8 aspirations are set and implemented at the county level;  
9 is that right?

10 A At the -- yeah, at the local level between View  
11 Point and the school district.

12 Q And is there any -- does the State DBHDD, DCH,  
13 the Georgia Department of Education have any role in  
14 guiding targets for the number of schools served through  
15 Apex by View Point?

16 A The Department of Behavioral Health would have  
17 some role in it because of the funding that they provide,  
18 so there is some -- there is some limitations based on  
19 the amount of funding that we would have from DBHDD.

20 Q From the perspective of strategy and defining  
21 the aspirations for View Point's Apex Program, is DBHDD  
22 actively shaping what the targets should be for the  
23 number of -- of schools?

24 A I think contained in the deliverables that are  
25 in the contract, that that's where we would be getting



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1 our guidance from, from them.

2 Q Do you receive any other guidance beyond what's  
3 in the contract with respect to target -- targets for a  
4 number of schools served through Apex? And this is  
5 guidance from DBHDD.

6 A Specifically -- not that I can specifically  
7 recall.

8 Q And I have the same question for the number or  
9 percentage of students served per school district. Are  
10 you also working with school districts to define targets  
11 or aspirations for the number or percentage of students  
12 served per district?

13 A Not to my knowledge. I know we've had the --  
14 and it might just be that I'm not involved in those  
15 conversations, but I've been a part of the conversation  
16 of how many clinicians, you know, at each school or, you  
17 know, within the district. So the number of schools more  
18 so than the number of students.

19 Q Do you have a sense of what the average  
20 penetration rate is for school-based behavioral health  
21 services?

22 A Not off the top of my head, no.

23 Q Who would you ask for that information at View  
24 Point?

25 A Chad Jones.

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1           Sorry, Chad. I wonder how many times your name  
2           is going to be listed in the document.

3           MR. WOODRUM: Do we need to plan on Saturday?

4           MR. HOLKINS: Friday will suffice, I promise.  
5           We've all got flights except for Franny because she's  
6           smart, and she's staying an extra day.

7           Q BY MR. HOLKINS: So let's go ahead and set this  
8           aside.

9           I'm going to show you another exhibit. This is  
10          going to be 520. It's an e-mail and it has several  
11          attachments. We will start with the e-mail, and then we  
12          will move to the attachments.

13          (Plaintiff's Exhibit 520 was marked for  
14          identification.)

15          Q BY MR. HOLKINS: Do you see a document on your  
16          screen?

17          A Yes.

18          Q So I will note for the record that this is a  
19          document produced by the State of Georgia to the United  
20          States in this litigation. The Bates number is  
21          GA04292495. It's an e-mail from Tricia Mills to a number  
22          of recipients, including yourself and Chad Jones, with a  
23          subject, "RE: HFW Benchmarking F2F (Part 4)."

24          As I mentioned, there are a number of  
25          attachments. I will give you a moment to review the

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1 e-mail. You've got control if you need it.

2 A Okay. Okay.

3 Q I'm going to scroll back up to the top. So  
4 this appears to be an e-mail scheduling a meeting to  
5 discuss benchmarking with respect to High Fidelity  
6 Wraparound, or IC3. Is that accurate?

7 A Yes.

8 Q Did you -- is it your recollection to  
9 participate in this meeting, or do you, as a matter of  
10 course, participate in these meetings?

11 A I was participating in these meetings. I would  
12 need to check my schedule to see if I participated in  
13 this particular one, but yes, we would meet with this  
14 team and review this benchmarking data.

15 Q How often are these meetings occurring?

16 A They haven't occurred for the last -- it's been  
17 some time since they've occurred. I can't remember  
18 exactly when they stopped, but it's been a little while.

19 Q So this date -- the date of this e-mail is  
20 February of 2020, which is just before the COVID-19  
21 pandemic. Can you recall any meetings occurring since  
22 March of 2020?

23 A I can't. I don't think -- when did we stop  
24 with COVID? We kind of just stopped. Yeah, that's what  
25 it sounds like. We were going in person to downtown

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1 Atlanta and putting the data up on the screen and having  
2 these discussions, so...

3 Q And what was the purpose of these discussions  
4 when they were happening?

5 A We were reviewing, like I said before, kind of  
6 like the penetration rate to see if we were reaching  
7 children in all areas of the state that would potentially  
8 need the services and reviewing the markers that we were  
9 being measured on for the fidelity.

10 Q So I'm going to stop sharing this, and we are  
11 going to move to some of the attachments to this e-mail.

12 A Okay.

13 Q Thanks for your patience. Just one more  
14 second.

15 This is one of the attachments to the e-mail  
16 that we were just discussing. For the record, this is  
17 GA04292501 produced by the State of Georgia to the United  
18 States in this litigation. It appears to be agenda in  
19 minutes for a meeting of this committee that occurred on  
20 February 13th, 2020.

21 I want to direct you to some texts at the  
22 bottom of this page under "System of Care Coordinators."  
23 Do you see where I am?

24 A Yes.

25 Q It references strategy for counties with zero

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1 referrals. Do you see that text?

2 A Yes.

3 Q What's your understanding of what that means?

4 A How are we -- so for those counties that didn't  
5 have any referrals, do those counties know that the CME  
6 is a resource that is available to those youth? Do we  
7 have messaging out there at schools to say, if you have a  
8 youth that meets this criteria, the service is available?  
9 That was the question that we were having, was, you know,  
10 is there -- are all these kids just doing great or do  
11 they just not know that this is a service that's  
12 available?

13 Q And what is your understanding of the barriers  
14 to accessing High Fidelity Wraparound for counties that  
15 may have zero referrals?

16 A I'm not the best person to answer this, but I  
17 will give it a shot. My understanding is, do they have  
18 barriers for transportation? Even though we are  
19 statewide, at that time most everything was in person.  
20 So was there barriers for -- for the family being able to  
21 transport and move to wherever the services would be  
22 available.

23 Even prior to the pandemic, the IC3 program did  
24 implement some tele-services so that we could improve  
25 access and -- and make it a little easier for families to

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1 participate in such meetings. So we were already  
2 implementing the use of -- I don't know if we were  
3 actually using Zoom, but it was something like that at  
4 that point where they could gain access to their care  
5 coordination.

6 There could have been other barriers just as  
7 far as knowledge, just not knowing that these resources  
8 exist.

9 Q And while this committee was working on these  
10 issues, what steps were taken to increase awareness in  
11 counties where there were zero referrals?

12 A Similar to what I said. You know, implementing  
13 the use of technology, and then also making sure that  
14 other community service organizations such as the  
15 Department of Family and Children Services and the  
16 schools knew and understood that this was a service that  
17 was available.

18 Q Did View Point or this committee broadly  
19 conduct outreach to GNETS programs as part of its effort  
20 to expand awareness of High Fidelity Wraparound?

21 A I can't recall in particular if that was a  
22 strategy. I -- I don't recall that being a strategy.  
23 It's -- it's very possible, though, because we did -- we  
24 would get kids from GNETS to our -- referred to our CME.

25 Q Let's actually just go back. Let's rewind just

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1 a little bit here. I want to pull up 519 again. I'm  
2 going to share my screen. This is the e-mail that we  
3 were discussing a few minutes ago. For the record, it's  
4 GA04292495 attaching the minutes that we were just  
5 discussing.

6 I want to ask you, who participated in this  
7 benchmarking effort on behalf of State agencies?

8 A On behalf of the Department of Behavioral  
9 Health and Developmental --

10 Q We can start there.

11 A -- Disabilities?

12 Yeah, so Danté McKay and Tricia Mills were the  
13 main people that I recall from -- from the DBHDD.

14 Q Were there any representatives from the Georgia  
15 Department of Education?

16 A Not that I can recall.

17 Q Any representatives from the Georgia Department  
18 of Community Health?

19 A Wendy Tiegreen is an employee of the Department  
20 of Behavioral Health and Developmental Disabilities, but  
21 she interfaces really closely with the Department of  
22 Community Health, and she was a part of those discussions  
23 as well.

24 Q What is Tricia Mills' job at DBHDD; do you  
25 know?

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1 A She -- as far as I know, she kind of is --  
2 oversees the CME work, as far as I know, the High  
3 Fidelity Wraparound work. I can't recall her title.

4 Q Jennifer Wilds is cc'd on this e-mail. It  
5 appears that she is an employee of View Point Health.

6 A Yes.

7 Q What's her role?

8 A She is a program coordinator for the CME, I  
9 believe. She -- she -- I can tell you what her function  
10 is. I don't know if I can have her title exactly right,  
11 but she does a lot of community outreach and resource  
12 development making sure that all of our teams know all of  
13 the resources that are available statewide. She also is  
14 a trainer for some of those promising practices that we  
15 utilize. For instance, QPR is question, persuade, refer.  
16 She's a trainer for that. She trains our team members  
17 and even outside organizations, and she is also a trainer  
18 for Mental Health First Aid.

19 Q Thank you.

20 Are you familiar with Russell Carleton?

21 A That name is familiar. I don't think he's a  
22 View Point Health employee, though.

23 Q If I told you that he was at the time an  
24 employee of the Center of Excellence, would that make  
25 sense?



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1 A Yeah, probably. I just -- I don't recall  
2 him --

3 Q So --

4 A I don't recall him being in the room.

5 Q Okay. Thank you.

6 So let's put this one aside again, and then we  
7 will move on to 521. I will pull it up. Give me one  
8 second.

9 (Plaintiff's Exhibit 521 was marked for  
10 identification.)

11 Q BY MR. HOLKINS: I'm publishing Exhibit 521.  
12 For the record, this was produced by the State of Georgia  
13 to the United States in this matter. The Bates stamp is  
14 GA042504. It was attached to the e-mail that we just  
15 discussed which was 519.

16 Ms. Hibbard, I will give you a moment to  
17 familiarize yourself with this spreadsheet. There are  
18 multiple tabs. I'm going to be asking you a question  
19 about the -- the current tab, but you are welcome to --  
20 to browse as needed to refresh your recollection. You've  
21 got control.

22 A What is this? I'm sorry, where did this come  
23 from? Like I don't -- I don't recognize this at first  
24 glance.

25 Q Okay. I will represent to you that this was an

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1 attachment to the e-mail that you received --

2 A Okay.

3 Q -- from Tricia Mills --

4 A Okay.

5 Q -- in February of 2020 with respect to the High  
6 Fidelity Wraparound benchmarking.

7 A Oh, okay. Okay. I'm going to look at some of  
8 these other tabs.

9 Q Please take your time.

10 A Okay.

11 Q So I'll tell you what I think this is, and then  
12 let me know if you think it's right.

13 A Okay.

14 Q So this appears to be a -- a progress tracking  
15 document in connection with the High Fidelity Wraparound  
16 effort that's being led by the committee that you served  
17 on. Does that seem accurate?

18 A That seems accurate.

19 Q Okay. There are different tabs for different  
20 stages of the effort with similar entries in the  
21 left-hand column, and I want to direct you to the text  
22 that says "States Role." Do you see where I am?

23 A Uh-huh.

24 Q Did you have any hand in drafting the text  
25 under "States Role," including leadership?

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1 A Not that I recall.

2 Q Do you know who was involved in creating this  
3 document?

4 A No.

5 Q Who do you understand "State leadership" to  
6 refer to?

7 A In this particular role, I would think that  
8 that would be the Office of Children and Youth and  
9 Families.

10 Q Is it your understanding that the Office of  
11 Children, Youth, and Families, as represented here, is  
12 working to operationalize the IC3 system design, building  
13 an infrastructure, and establish financing mechanisms?

14 A Yes.

15 Q That would be your expectation?

16 A That would be. That's consistent, uh-huh.

17 Q You would also expect that OCYF leadership  
18 would be taking steps to translate the wraparound  
19 philosophy into State-level policies and practice  
20 guidance, correct?

21 A Which one are you on?

22 Q This is number 14. I'll take control back so I  
23 can direct you.

24 A Okay.

25 Q This is where I am (indicating).

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1 A Okay. Yes.

2 Q You would also expect that the State would be  
3 ensuring workforces being trained and coached around  
4 expected practice elements in connection with IC3?

5 A Yes.

6 Q Would you also expect that State leadership,  
7 and specifically OCYF leadership, is working to develop  
8 the service array and provider network to fill identified  
9 gaps in the system of care?

10 A Yes.

11 Q What specific steps are you aware of that State  
12 leadership, specifically OCYF leadership, is taking to  
13 develop the service array and provider network to fill --  
14 to fill identified gaps in the system of care?

15 A The -- the way I interpret that is a part of  
16 the need to add additional two organizations to provide  
17 the CME coverage for the state. I think that that could  
18 have been associated with that role or that item 12.

19 Q And aside from this effort to add two CMEs, are  
20 you aware of any other steps that the State is taking to  
21 develop a service array and provider network to fill  
22 identified gaps in the system of care?

23 A I think ensuring the State has ensured that  
24 every community service board does in fact provide  
25 services for children and youth; that whether it's Apex

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1 or not, it's those outpatient core services to children  
2 and youth. They want to make sure that all CSBs are  
3 providing that.

4 Q And how would they make sure that all CSBs are  
5 providing core services whether through Apex or not?

6 A So this most recent legislative session, it was  
7 actually put into one of the laws that passed. House  
8 Bill 1013 specifically states that CSBs are expected to  
9 provide chil- -- provide services to children and youth.

10 Q Does that include services in school settings?

11 A It did not specify school settings.

12 Q And what's your understanding of the impact of  
13 that liti- -- of that legislation?

14 A That legislation was really full of a lot.  
15 It's a -- it was a very -- what do they call it -- an  
16 ominous bill. It was -- there was a lot of information  
17 in there, but I think that particular item was  
18 specifically added because not all community service  
19 boards were providing services to children and  
20 adolescents. That was my understanding of it, at least,  
21 that they need to make sure to do that.

22 Q And does -- as you understand it under the  
23 legislation, does DBHDD have responsibility for ensuring  
24 that the community service boards are complying with that  
25 obligation?

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1           A    I think in general, DBHDD is the mental health  
2   authority for the state, so you can draw that conclusion  
3   there, but it is also codified in the law.

4           Q    If -- if a community service board were failing  
5   to provide core outpatient services for children and  
6   adolescents, would you expect DBHDD to take appropriate  
7   responsive action?

8           A    Yes. I would expect that they would have a  
9   corrective action plan and communicate to that community  
10  service board that they need to start those services up.

11           MR. HOLKINS: All right. Let's go ahead and  
12  take a ten-minute break.

13           THE VIDEOGRAPHER: Off the record at 2:09 p.m.

14           (The deposition was at recess from 2:09 p.m. to  
15  2:20 p.m.)

16           THE VIDEOGRAPHER: Back on the record at  
17  2:20 p.m.

18           Q    BY MR. HOLKINS: Ms. Hibbard, I just have a  
19  couple more questions for you.

20                   Are you aware of whether View Point's staff  
21  working on the Apex Program who are actually embedded in  
22  the schools are involved in -- are involved in  
23  determining that a -- a student that they serve needs to  
24  move from a general education setting to a more  
25  restrictive setting?

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1 A Not that I'm aware of.

2 Q Are you aware of the steps that Apex staff at  
3 View Point take prior to making a recommendation that a  
4 student be removed from a general education setting and  
5 moved to a more restrictive education setting?

6 A To my knowledge, Apex staff do not take steps  
7 to make that recommendation.

8 Q Are you in a position to describe generally the  
9 characteristics of students that are referred to outside  
10 providers, for example, for intensive family  
11 intervention?

12 A They would have symptoms that would -- that  
13 they would meet the criteria that is in the provider  
14 manual, which is considered to be medically necessary.  
15 So -- and it would be beyond what the Apex clinicians  
16 have already tried. So we usually try to offer a less  
17 intensive service first to make sure that that extra step  
18 is warranted.

19 So if the -- if the student is not showing or  
20 the client is not showing progress and their symptoms are  
21 starting to get worse, then that would be an indication  
22 that maybe a more intensive level of care is needed.

23 Q For a student -- just hypothetically, for a  
24 student that's receiving Tier 3 services through Apex and  
25 a local school district, how would -- how would you

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1 define success? What does success look like for View  
2 Point Health?

3 A So some of the symptoms that the hypothetical  
4 child would be experiencing could be a disruption of  
5 mood. They could have angry outbursts. They could be  
6 withdrawn. They could be -- it could show up in some of  
7 their academics. They could have -- maybe they were  
8 normally an A and B student, and now they are a C and D  
9 student. They could be having trouble sleeping and  
10 eating. So seeing an improvement in those symptoms  
11 would -- would show progress.

12 Q And would you also include in the definition of  
13 success, maintaining that child wherever possible in  
14 their own community in their local school district?

15 A Yes.

16 Q And are there specific stories that come to  
17 mind of -- of children that have benefited -- children  
18 and families that have benefited from the Apex services  
19 that View Point provides?

20 A I'm probably not the best person to answer  
21 that, but our team members, and specifically Chad Jones,  
22 would have anecdotal information of -- on some of the  
23 success stories.

24 Q Okay. I think we can stop there. We've  
25 obviously got another day tomorrow which we are looking



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1 forward to, but thank you very much, Ms. Hibbard, for  
2 your time and for your willingness to answer all these  
3 questions. We appreciate it.

4 A Sure. Thank you.

5 THE VIDEOGRAPHER: We are off the record at  
6 2:24 p.m.

7 (The deposition concluded at 2:24 p.m.)  
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CERTIFICATE OF REPORTER

STATE OF GEORGIA     )  
                                  )  
COUNTY OF DEKALB    )

I, Marcella Daughtry, a Certified Reporter in the State of Georgia and State of California, do hereby certify that the foregoing deposition was taken before me in the County of DeKalb, State of Georgia; that an oath or affirmation was duly administered to the witness, JENNIFER HIBBARD; that the questions propounded to the witness and the answers of the witness thereto were taken down by me in shorthand and thereafter reduced to typewriting; that the transcript is a full, true and accurate record of the proceeding, all done to the best of my skill and ability;

The witness herein, JENNIFER HIBBARD, has requested signature.

I FURTHER CERTIFY that I am in no way related to any of the parties nor am I in any way interested in the outcome hereof.

IN WITNESS WHEREOF, I have set my hand in my office in the County of DeKalb, State of Georgia, this 1st day of November, 2022.



Marcella Daughtry, RPR, RMR  
GA License No. 6595-1471-3597-5424  
California CSR No. 14315

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3 DECLARATION UNDER PENALTY OF PERJURY

5 I declare under penalty of perjury that I  
6 have read the entire transcript of my deposition taken in  
7 the above-captioned matter or the same has been read to  
8 me, and the same is true and accurate, save and except  
9 for changes and/or corrections, if any, as indicated by  
10 me on the DEPOSITION ERRATA SHEET hereof, with the  
11 understanding that I offer these changes as if still  
12 under oath.

14 Signed on the \_\_\_\_\_ day  
15 of \_\_\_\_\_ 2022.

19 \_\_\_\_\_  
20 JENNIFER HIBBARD

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